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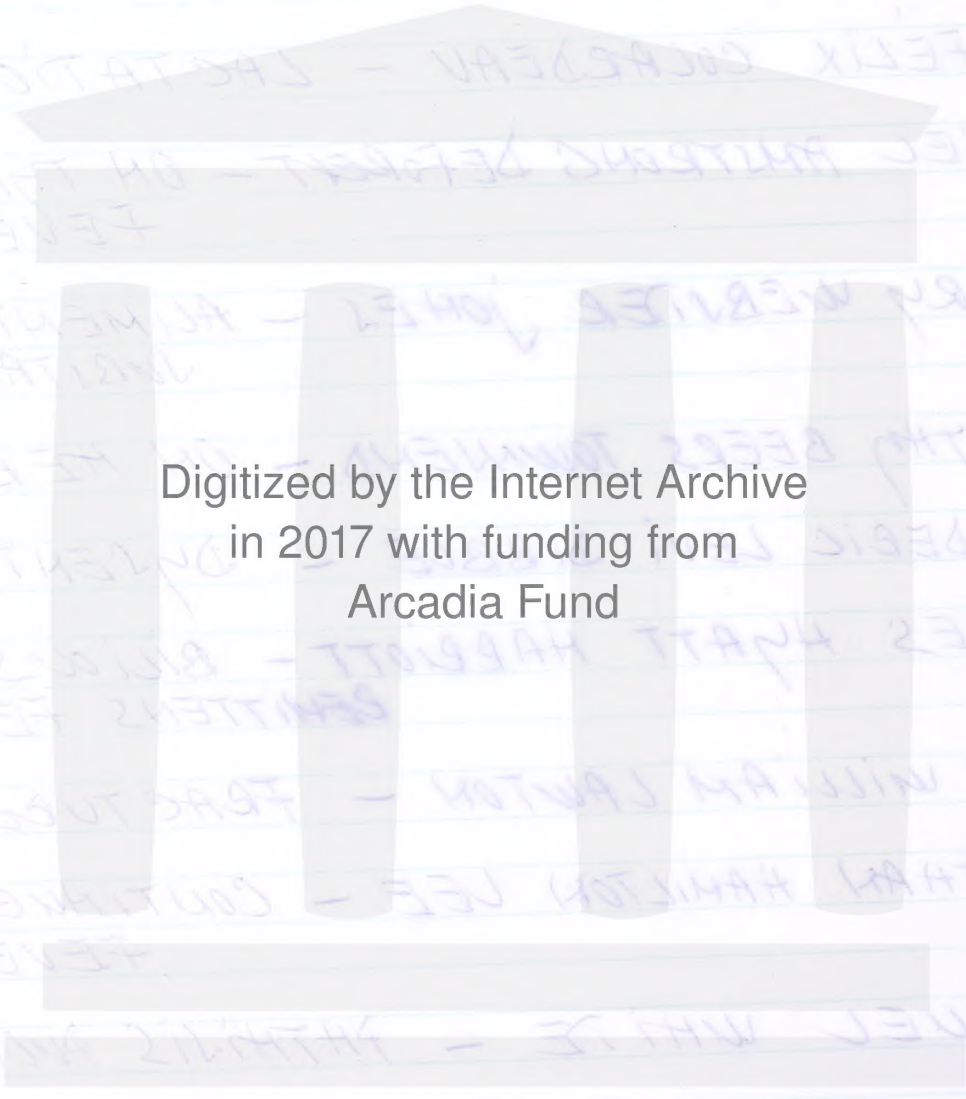

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1858–59

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Ladies and Gentlemen, — The topic presented for your consideration this evening, is drawn from a familiar act of life. We having an intimate and daily acquaintance with the subject from very necessity — Apology therefore for offering so trite a subject may in the outset be necessary. And lest we fail to present any suggestions worthy your attention and serious deliberation, we will now deprecate your censure and ask your kind favour.

We entitle our essay a — few thoughts upon food — Implying by the term food whatever substances are ingested by man for his sustenance and nourishment. And though we are unable to present to you this important topic in all its amplitude, or to exhibit fully its details; we yet aim to afford you a sufficient view in the abstract of the subject named, to at least amuse, and perhaps through future reflection, to profit —

Food is a theme of serious import in whatever

aspect it be taken. We receive daily admonitions on this head and may hence be said to entertain a fellow feeling on the subject. What shall we eat and what shall we drink are considerations common to all — We propose to add the query — Why do we eat and drink, why certain kinds of food. Mankind seem ever to have been troubled with a longing to investigate the facts and principles of diet. For the very earliest account, of the doings of the primeval pair in their felicitous state, indicates the fact that feeding was an employment to which they were unhappily subjected; and we find that their researches for truth occasioned them trouble of a grave nature. While their succeding progeny seem to inherit an appetite equally troublesome insatiable and curious — And the search for rare and unknown dishes, has as constantly rewarded the rashly inquisitive with condign punishment. Many we may conjecture have suffered indigestions, cramps, choleric-

fits, poisonings even, in their eager search for truth; experimenting in the culinary art, assaying the goodness and quality of divers compounds of the Cooks' art— Concocting and decocting for the benefit of posterity. Noble Martyrs were they!— than whom there has existed no more useful and faithful class of students.— Expurging as they have done many hurtful barbarisms— removing coarse and vulgar matters; and leaving us as a result of their labors a delicate aesthetic science. A large portion of the time and talents of men of every age has been devoted to the attainment of this object— to wit; the most perfect, readiest and most grateful mode of preparing and supplying articles of food. We have hence a combined result of the experiments and studies of men of every clime and kindred, from antiquity to the present day— An Art, adapting to our nourishment the numerous & varied classes of animate beings. ——

Here we would assume the authority of a censor, to exclaim against a pernicious error

in the public mind. We allude to the method of educating our youth in this science of food preparation.— The idea is, that it is merely necessary to know some few details of a daily routine of domestic culinary duty and perhaps a smattering of recipis of traditionary value; An important change in the instruction of the gentler sex in the chemistry of cooking & preparing food, is earnestly demanded.— The pharmaceutical (so to speak) combinations of dishes for the table—, the hygienic laws of Nature— The why and wherefore of each culinary operation. If this were effectually done in our female instruction, there would accrue immense benefit to those who are dependent for their health and comfort on the kindly domestic offices of Woman! The health of all would be enhanced.— The harmony, happiness, prosperity and good digestion of families be greatly promoted. The pleasing prospect can be marred but by one possible blemish; that by

rendering the services of physicians less imperative and frequent; our profession might thus receive serious damage. As few however see this side of the picture, we as in the minority prefer ourselves to suffer for the good of the many. What joy to be conscious that those gentle beings to whom we are undoubtedly indebted for all that is elegant or charming at home; were as earnestly catering for our internal welfare, as well as directing and managing our external comfort and deportment. "Tis a consummation devoutly to be wished." How lightly would men go to toil and daily labour satisfied with what was physically and chemically adapted to their sustenance; with the mind and the body free from insidious gnawing pangs of rebellious digestion. The result would be to double, at least, the ease peace and usefulness of our lives. Did not Napoleon the Great, lose a famous battle-field from the having eaten an ill adapted "fryed mutton chop"? — perpetrated by a

cook innocent of chimical and hygienic knowledge, or haply by an artiste in retaine by the enemy with the cunning design of thus aiming a heavy blow at the very head and stomach of their adversary. Lapsic tale will will ever be held up as the terrible example of bad cooks. Many a student too has found study impossible under repeated indigestions, and after many attempts to resist the depressing influence has attributed to feble health, consequences resulting from unprincipled boarding house compounds; and driven at last to refuge under some humbler occupation, has hid talents and happiness forever. Turning to history, we will find that as mankind grew learned in the art of preparing food, the frequency of personal conflict lessened.— In ancient days, men employing crude and indigestible food, there arose hence, frequent colics, heartburnings and sudden pangs —, which spoiled their suavity and patience; and they became quarrelsome and outrageous in con-

sequence of these incessant gallings. And whenever at the present day we perceive indications of war tumult or riot, depend on it, some demagogue has dined badly, or a would-be diplomât has lost his stomach, and vents his choler in a protocol, — Seeing then the evils resulting, ye fair and good of Earth! lend your endeavour in this direction to repell & avert the mischief. We well knowing, that whatever you resolutely undertake, must in the end succeed: thus boldly, urge you to amend this crying evil of bad cooking. Save us from the tender mercies of ignorant careless foreign mercenaries. A great cause of strife and contention will cease, & the benign influence of the olive branch of Peace will be extended to incalculable advantage! Would that time, or the powers were given me, fully to picture the dire results to humanity of a bad system of food preparation! Let your affectionate hearts, benevolently avert this immense source of misery! Ye authors of good! Pity and relieve, while you sorrow for the past! —

The natural incentives to eating are thirst & hunger And we are besides endowed with a palate that is capable of high and pleasing sensations. In obedience to these impulses, we all if in health enjoy the act of feeding, hugely. This fact is not one to shame us. For it is the shrewd way in which Nature lead us unconsciously to act her bidding, in a manner so pleasing to our senses, that we are almost cheated into the belief that we are indulging in sensual gratification; & call it sinful appetite. While really it is Nature's demand for supplies to keep up the tone & vigour of the body. All men desire to eat good viands & to eat them in peace; And contests in olden time seem to have been undertaken for the sole purpose of the prospective banquets of victory. And he that would eat well must necessarily fight admirably. While in all ages, the occasions of Religious worship, triumph, conquests; changes of season; domestic ceremonials of joyful or sad character; & every other possible pretext, have been seized upon as reasons for festive enjoyment. As if the very summit of

toil, daring, happiness & ambition, lay in having a good time at table. Even we, modernly refined as we proudly consider ourselves, & stifling or hiding all our natural impulses from public eye, - Ashamed apparently that we are human, - are not able wholly to restrain Nature, & the strong festive impulse bursts forth among us, in an unrestrained outlet denominated Thanksgiving - a Notable instance of the wonderful workings of Natural impulse.

Having asserted that men are universally and lawfully inclined to ingestion of food - that it is both proper and good to eat: - We would turn to a few facts of graver import. Looking at some special physiological facts, in the use and relations of food. And although it is almost unpardonable in a brief and desultory essay as the present, must necessarily be, to attempt to describe or even to enumerate all the various laws and processes of vital action; We will still hope to offer a few interesting facts. - The proximate principles of food are few, however various the forms we select, and notwithstanding the multifarious character of the in-

gredients composing our diet. The prominent & chief constituents of our aliment are Starch, fibrin and water: Whether we regale ourselves on the choice efforts of a skilled French artiste, or choose the repast of an Hermit;— when the articles are submitted to the chimical cauldron, they are found to be identical; and are but bread and beef in fact when all superfluous covering is removed. This very simplicity of our food is not the least surprising fact presented to our reflection. The food of various peoples, however complex or diverse the articles employed, is for the most part only distinguishable in point of the quantity & the form in which the nutritious & sustaining principles of aliment are taken. Instinct guided all men in the selection of their edibles, and science now shows that the wants of nature are satisfied in the most suitable manner; and are essentially the same throughout the world. In all habitable regions abundant supplies of food are presented— a fruit, a grass, a tree, a leaf or root; and thence the resulting animal appropriate where it is needed.

Everywhere the necessary staple adapted to the peculiar wants of the clime. Whether we are inhabitants of Polar or of torrid zones; denizens of civilizations or of barbarous wilds — Of whatever shade of colour or degree of intellectual development, our food by analysis is found essentially the same. Man the omnivorous biped under circumstances of climate habit, avocation or religious opinion, has appropriated to support of his corporeal existence every green and living vegitable; & all species of beast bird & creeping thing. Whether we use exclusively an animal or a vegitable diet, or an admixture of either, we employ the same elementary principles The gluten of the one and the fibrin of the other being similarly servicable for nutrition or reparation, While the starch sugar and fat are also identical in their supporting power. The animal is but a condensed or consentrated result of vegitative consumption. Briefly then the two divisions of food are that which keeps the machine in repair, and that which produ-

ces vital heat. Nitrogenous or histogenic and Carbonific or calorifacient food. But Water and oxygen and some mineral substanas enter also into our economy. The oxygen to be brief being necessary to the combination with food to render the blood proper and fit for replacing as it does, the waste tissues and the lost heat of the body. Beside may it not in its epalted condition of ozone serve to purify and preserve the vital health of the body? It would be very interesting to entertain for a short time a limited view of these various respiratory, digestive and assimilative processes, did time allow. To proceed — Man is an ever-moving machine & as motion can in no case be performed without a corresponding waste of component materials; so this loss must be re supplied; or we would soon consume ourselves, even if we rested torpid. Every slight movement of muscle, each thought however fleeting, causes a chimical or material alteration of tissue; & the waste matter must be removed, and replaced anew with regular and even flow-

Food is hence required to replace this drain of substance; & besides it is demanded in large quantity for fuel, by union with the oxygen of respiration. The animal heat which must be a constant quantity is to be kept up from within notwithstanding circumstances of climate or exercise, In cold regions much carboniferous matter is required to keep the balance against the excessive conduction and convection of the air. While in warm climates the less heating kinds of food are appropriate. Go where we may in this Earth of ours, Mankind will be found using from a sure instinct such articles as are best adapted to their wants in different circumstances. The most degraded Root-digger of Oregon, the delicate gourmand of Paris, The veriest savage of North America, the Kaffir of the plains of Africa The rice consuming East Indian, the beef eating Englishman, The potato-cramming Paddy, the Polynesian dependant on bread fruit & banana, — all employ the self same elementary principles of diet. No country fails to furnish for its children ap-

propriate and healthful nutriment. And the taste is instinctively led in a wonderful manner to prefer such articles as are best conducive to a healthy existence. Water also enters largely into our composition - We are two thirds water - Water again being the universal solvent - and the Chimical laboratory of digestion demands a large amount for its digestive fluids - and as the vehicle for the inlet and outlet of the requisite mineral & chemical substances of our corporeal structure. Moreover a large supply of water is called for to refrigerate our otherwise overheated condition, under the constant internal combustion; without which balance we would become desiccated to deadly destruction. Let us hasten to inquire why we select certain forms of food; why do we cook food? Men of different nations have acquired certain proclivities for particular victuals, - in accordance with the peculiar demand of the body in circumstances of habit ~~and~~ of life and climate. National dishes have hence arisen, founded

on strict scientific bases of physiological and chimical law. And the fondness for peculiar delicacies, should only be more reverenced, the more they seem to have been merely the productions of fancy or whim. Bread and Beef are chosen as the standard of food, because they present in a convenient and most concentrated form, those elementary principles of food, the starch and fibrin; in just and healthful proportion. Therefore a union of animal and vegitable diet is alone healthy — And instinct has guided mankind in his various combinations of culinary art, to prepare and select such articles as either by uniting in the act of cooking, or else by associating at mealtime, the separate ingredients, he imitates, the standard combination of elements, as afforded by Bread & Beef. Hence Bread and Butter; so also we add sugar to fruits to supply their want of carbonaceous principle; And oil with vegitables for the same reason. Often by uniting different vegitables a similar result is obtained; one having an excess of the qual-

city in which the other is deficient, as the potato with the carrot or turnip and Cabbage &c. Again many articles of food are chosen instinctively, from their containing certain mineral substances or chemical characteristics, which are called for in our internal economy. For instance the use of the strong smelling onion, the mustard, assafoetida garlic & horseradish, may be traced independently of their stimulating qualities to the sulphur they contain, and which is supposed to aid the growth of the nails and hair. Saccharine and oily substances, because they furnish carbon largely are readily selected, wherever the want for this material exists, for generating heat; when other food is insufficient. The dutchman's sour-Kraut is useful to his often overtasked digestive apparatus in furnishing lactic acid. Tea and coffee are advantageously employed, because by their aid we can live on a less quantity of food from their stimulating and sustaining nature. And we may justly conclude that even Alcohol, in form of Ardent Spirits, Wines, &c, if used

temperately and judiciously is a proper food, since we see that men of every climate & condition in all ages & under every variety of cultivation and disposition, have a natural fondness for it, And that they all have independently sought some way of procuring beverages containing this property of sustaining and stimulating their vital powers. The use of Narcotics may be defended under the same rule.— But this is dangerous latitude; and we hasten to conclude. We see that Nature directs us to cook, that food may be rendered both easier of digestion, and more nutritious & subservient to the chimical laws of our bodily existence.— The Greenlander swallows his blubber and train-oil, to prepare against the effects of extreme cold: The Chinaman his birds-nests and puppies for the sake of their gluten: The inhabitants of torrid zones, have their light and cool diet of fruits and grains.— While we in a rugged and variable climate, by combining all sorts of food, are ready to meet all vic-

issitudes of season. Or at least we should try so to arrange our manner of living, as to be able to resist the effects of change. But habit and fashion often renders us careless of our health.

We have inquired why we eat and find that it is because man is an ever-burning furnace, generating his life-heat constantly and therefore must have fuel: He is also a chemical laboratory and workshop, for internal supplies and repairs, the requisite material then must be ever at hand and of the proper quality: He is like a great Cookshop also, out of whose flues, continually belch forth clouds of carbonic acid and vapour; In this way he repays vegitation for the store of sustenance he derives from that source; thus performing his alloted duty in the order of created things.

Here we would digress, a moment, to observe how the origin of the "Patties" may have originated in our day from the study of the subject presented you. — Here may be seen the origin of the Vegitarian school; who taught that all food

should be grains, herbs or fruits, as the only healthful diet: Since they found that inferior animals did, and man could live on this aliment, they rashly inferred that it was proper and a safe course of living for all those who would avoid treating food whose tempers were hot and incontrolable; and they promised that vice and wickedness should be expelled from among us provided we all avoided animal food. Ignoring the chemical facts of our existence; of the utter impossibility of furnishing in vegitable food the required amount of concentrated nutriment that is drawn from flesh alone: Well knowing as they ought that whenever from morbid condition of the body or mind or from adverse circumstances, the system is forced for a long time to receive a diet in which the proper proportion of the elementary principles of food are not furnished, the man surely decays; The natural instinctive wants of the body thwarted, the nutritive process is rudely deranged & most ruinous consequences, disorders of both mind & body ensue.- Their

own shabby and imbecile theory is a forcible example of the insane and injurious results of a practice so puerile. The opposite theory of confining the food of weak and enfeebled persons exclusively to an oily or fat meat diet is equally unfounded in physiology. But this is only carrying a good thing to extremes.

The Hydropathists finding water to enter largely in human composition fully argued that water must be a pure and great remedy. their only success seems to be in scaring their patients into assumed health from fear of becoming fishes.

Heat and vapor seem a constituent of life, and hence Steam doctors have vapoured their brief hour! Even the homoeopathists having heard that mineral substances in solution were required in very small quantities for the perfection of the man machine;- With their minute stock of perceptim; and knowledge as small as their doses, have hence invented their infinitesimal absurdities — The very thirtieth power of diluted nonsense.- All these empir-

ics and charlatans, deducing arguments from single facts and cases, quacklike, have been led into monstrous hallucinations — The fate of one-idea men. From all this medley, good has arisen out of evil, — Nature in the struggle to gain her truths will ever work a successful issue: the result here being our most excellent and rational system of Medicine; scions of which stately growth, we now present ourselves

Returning once more to our subject —

We do nothing of ourselves. Nature has directed us in all our acts and habits — in the carrying out the universal system. We acting our feeble part in the great Life drama, serve but as the connecting link in the wise plan of order and utility. The inorganic is food for the motionless vegitable; these in turn become nourishment to the brute; while man is subsisted on both the Animal & the vegitable creation. Man again in common with inferior animals, throws out incessantly the elements of his composition altered, to fit it for the reproduction of vegita-

ble and inorganic life; While the processes of both life and decay go to the same end. Part of the refuse and waste material being taken up by vegitation, is again changed into its peculiar character: the matter going on thus alternately, over and over again, converted and reconverted into all and every the varieties of created things —. Obedient to the Plastic hand! a never ending, never erring course of usefulness By constant and incessive changes and slow revolutions,- physical results and chimical agencies. From the organic to the inorganic, through the Animal, vegitable and mineral states.- An endless intersuccession of changes, Out of each into all, and through every form of life. —

This view carries us to a piraption of the vast scale of creation, a subject beyond our comprehension: But glimpses of the order and beauty of His plan may be traced-

The Infinite goodness, wisdom and power inherent in all things.- Our insignificance

the part we act, the duty we owe!—
We are led to be grateful to God, that we are
not "as the beasts and flowers of the field
that perish"; but have souls and minds to
perceive and know and admire all this
great and excellent Work.—Although our
present power fully to appreciate the vast-
ness, wisdom and extent of Creation be
small—Yet even in this world we may
cultivate a better acquaintance with its
sources of Knowledge— And may derive
therefrom present profit and pleasure; and
be rendered ambitious of a state, where here-
after our wisdom shall be equal to the
full comprehension of the beauty and power
of the Whole!—

Mr Dean, and gentlemen of the faculty,
to me the pleasing painful duty now remains,
of acknowledging on behalf of my fellow-class-
mates the Kindness you have ever shown to-
ward us, and the constant care you have ta-
ken for our intellectual and moral progress,

while pursuing the study of Medicine under your direction. We now for the last time are standing before you in our relative capacity of pupil and teacher. — Whatever has been the result of your instruction and anxious care, to our accomplishment in the Sciences pertaining to the art of Medicine; time alone will make known. From your kind advice Gentlemen, and from your direction we may expect no further aid. We, are to struggle alone, to discover the path to usefulness and prosperity: But all we are, or may become, we feel is owing to yourselves. Whatever of knowledge or of moral value we possess in our capacity of Physicians, is attributable to your instruction and example. You have been kind to our failings — have smiled approval on our essays toward attaining knowledge and character. In faithfully imparting your experience and scientific acquirements & in your condescending care We believe you have been faithful to your

charge. For your example in the deportment and character of gentlemen and benevolent physicians we are also profoundly thankful. Briefly and truthfully - for the trite sayings common to occasions like the present, are but feeble expressions of our hearts - let me say, that we do most sincerely thank you for your instruction and fatherly kindness. We Pray God to bless your lives - and bid you an hearty, affectionate farewell!

Fellow-classmates — we have journeyed long and pleasantly together; and now have come to the place for parting. We are now to act independently and singly, without any advantages of union or sympathy. We go into the unknown and obscure future to perform our allotted duty as men. To a calling as ennobling and honorable, as any on earth Let us never forget the virtuous example and careful instruction of our revered teachers. We will never cease to recall with joyful emotions, these halcyon days of our

student existence, when we were free from care and the vicissitudes of life. Let us keep up the joyous heart of boyhood as far as practicable, even to green old age. It is a shield against vice, and the temptations of power and knowledge. Never sink beneath the frowns of ignorance or ingratitude. For ingratitude and calumny are ever abroad and we will surely meet their stings. But did not that Good and Greatest Physician when on earth in mortal form, heal the ten lepers and yet only one returned and was thankful for the blessed gift of restored health?

Let the Mens conscia ever be our support—. As we increase in knowledge, let us seek ever to discover new truths, for the Science of our Profession is eminently a progressive one.— Basing our conduct on a high and just standard of honor, honesty and a fearless defense of the right.— Kind and benevolent, with the Knightly bearing, so often exhibited us, ever before our eyes,

as our model of a physician and a gentleman. Placing our ambition in doing good to all; and ourselves as secondary. Seeking early a kind, gentle, confiding companion as our better portion, — to render life's journey happy and successful. Allowing no temptation to cause us to swerve from what we know to be true, honest and just, — And excuse this my first and last lecture to you; since you know lectures will not trouble you for some time again. — Dear friends as a band, we will never more meet — let us endeavour so to live as to be able to assemble, together, before the Great Judgment, — not as unfaithful servants! —

Gentle hearers, one and all we sincerely thank you for your patient attention to our attempt to interest you, We wish you "happiness & good digestion and health to wait on both". If you fel a desire for further acquaintance with the present newly-fledged bevy of Patriots; we hereby refer you to our forthcoming Shingles! —

Finis

Jno Martin Aimes

Apoplexy may be defined as a sudden loss or suspension of the animal functions with a slow full pulse, laborious breathing; generally attended with stertor; whilst the organic or vital functions continue with little or no perceptible disturbance.

The attack of apoplexy is variable; In some, it comes on suddenly without any premonitory symptoms. The patient falling suddenly, almost instantaneously But more generally the patient has warning of this serious and dangerous disease;— A few of the premonitory I will mention. Head ache; dull and deep seated, particularly when stooping down, or with a sudden turn of the head; vertigo; A stupid state of mind of the head; A strong inclination to sleep with loud and stertorous breathing; grinding of the teeth; Incubus, or night mare; Transient deafness; & blindness; or sometimes mostly a perversion of the senses of hearing & seeing

Incoherent talking resembling that of Intoxication;
giddiness and a sensation much resembling Seasickness;
Stammering; substituting one word for another;
Forgetfulness of names and particular words dates
and even of transactions which occured but a
few hours before; The loss of touch impaired sight
paralytic affections; Difficulty of reading
mine &c;

These symptoms are not by any
means all present at one or in any single
case nor are any one of these Indication
taken separately and alone a marked indication
of the disease, For instance, we have headache
when the stomach is deranged, often numbness
arising from injuries of some of the nerves,
Partial Paralysis also from similar cause,
Therefore we must not always expect to have
Apoplexy when several of these symptoms are present;

It is when one or more of these
symptoms occur, and we are not able to
account for their presence, that we fear
something wrong is going on in the brain,

in persons predisposed to this disease we should look for serious consequences, and apply our remedial treatment. For often is the case that if means are postponed until until the disease shows itself in full strength it is to late for action, except the act of following the patient to his silent tomb.

I have spoken of a predisposition to this disease in many persons, and now I will mention some of their peculiar characteristics, They may be divided in three classes, 1st Those who have descended from an apoplectic family; 2d Those who have a peculiar conformation of body, as per instance a large head short neck; broad shoulders; prominent abdomen, &c 3d Those who are advanced in years,—

The disease is not wholly confined to this class of persons; For instances have been on hand the tall and slender have fallen victims to this formidable disease; also the young, and those whose ancestors have not been afflicted by the disease

Pathology. What is the immediate cause of the abolition of sensorial power and voluntary motion; Pathologists are far from being unanimous in their answer to this question, Some say and maintain that pressure on the cerebral mass, is always the cause of the characteristic phenomena of this disease; while others maintain that simply interrupted circulation in the brain is the cause, others again suppose that encephalic effusion are the consequences of a previous morbid change in the brain upon which the loss of sense and motion depend. My opinion however would be that it was pressure upon the brain from various causes; as the appearance after post-mortem examinations generally show to this effect.

The morbid anatomy of the brain of a person who has died with Apoplexy shows most commonly within its substance effusions either of blood or serum, or simply hyperemia without any effusion whatever;

But there is another state of the brain which throws no light upon the pathology of the disease, viz a peculiar natural state — I say natural state I mean so far as we can detect, —

The Diagnosis is not in general attended attended with difficulty. There is loss of consciousness of the sensorial function and voluntary motion suddenly come on and continue with an ~~active~~ slow state of the pulse and full respiration the case may be regarded as Apoplexy;

From Syncope and Asphyxia it may be distinguished by the absence or almost imperceptible action of the pulse and respiration of the two former affections; whilst in Apoplexy the pulse is slow regular and hard respiration loud and stertorous making a puffing noise and throwing the saliva forcibly between the teeth —

Complete Intoxication is sometimes mistaken for Apoplexy;

but may be distinguished from that disease;
by the following circumstances, First the known
habits of patient, the smell of spirituous liquor
from his breath; which is almost invariably
present in those who are addicted to their use,
more particularly if we can ascertain that he has
partaken of such drinks previous to the
attack, and lastly if intoxicating fluid be
rejected from the stomach,

I think the most
difficult point of Diagnosis is between
apoplexy and the state which the narcotic
poisons produce on the system;

Our judgement would rest on the
history of the patient to a great degree, whether
he has been melancholy or low spirited,
and whether great mental anxiety from
loss of property or of a wife or husband &c
and finally, if he has not taken some
kind of poison;—

It is however, Extremely necessary, that one should Diagnosticate correctly for the first first great remedy for poisoning which is emetics, emesis would be very likely to prove injurious if not produce fatal consequences, in Apoplexy, by producing still greater congestion in the cerebral vessels or dangerous engorgement in the substance of the brain—

Closely allied to the Diagnosis is the connection which this disease has to others which appear to be of the same class— Of this genus there might be several mentioned such as Palsy Epilepsy and some forms of Insanity—

great pressure on the brain would in one Instance produce an Apoplectic in another an Epileptic fit, or only in a third it should produce another and different effect; I do not know; Physicians will not try to explain; The fact is that these causes produce the above mentioned disease,

heat - what it is Modus Operandi is I am unable to say

That Apoplexy is intimately connected with Palsy is plain from the fact of it being so often immediately followed by it, and sometimes preceded by hemiplegia;-

I do not infer that every case of Palsy is at all connected with an Apoplectic attack, for we often have Paralysis produced entirely by some lesion of the Medulla oblongata the Spinal marrow, or even the division of some of the smaller branches of nerves; from this last cause, only local Paralysis would be produced;-

That Apoplexy and Epilepsy are nearly allied - we would infer, 1st from the fact that both are produced frequently by external violence applied to the head in such a manner as to produce pressure on some part of the cranial walls upon the brain 2nd, that both are often followed by Palsy in some form;

3dly That they are sometimes found in the same patient combined, or showing themselves at different periods;-

Insanity in some of its forms is brought on by the same causes which often give rise to Apoplexy, and the former is I believe brought on by the latter;-
The causes common to both are injuries to the head and strong mental emotions, perhaps severe bodily exercise, excessive indulgence in venery and masturbation, together with intemperance in eating and drinking.

The Prognosis is generally quite unfavorable, often the first attack proveing fatal, perhaps more frequently the second or third

The unfavorable symptoms are deep and profound coma, with total loss of sensibility, great frequency of pulse, at the same time being intermitting,

involuntary discharges as the feces, urine, &c
prepuce and clitoris; stertorous breathing;
especially if attended with foaming at the
mouth; contraction of the pupil of the eye.—

The favorable signs are; a slight
attack with but partial coma, and
insensibility; a gradual decline of all the
symptoms; the pupil contracting from
stimulus of light; the power of swallowing
somewhat restored; together with free and
regular respirations, without stertor or
discharge of saliva from the mouth; a
warm and gentle perspiration; The absence
of sanguineous discharge; particularly
from the nose and hemorrhoidal vessels;
a copious flow of urine, or a diarrhoea
these cases hope may be entertained
of a recovery.—

The Prognosis, under the
most favorable circumstances rather dubious
The Physician should be cautious in giving
a positive opinion for if the patient should

emerge from the present attack he is particularly liable to another;—

From the sixth to the eighth days are by some considered as critical days, and especially as those on which an unfavorable change is about to take place that is a renewal of the exhaustion;—

We now come to the causes

1st The predisposing causes These may be divided into natural and artificial;— The natural causes are those which I have heretofore spoken of, viz a peculiar conformation of body, Hereditary predisposition and old age. The causes are unavoidable in all persons as they cannot and change their dispositions which they have inherited from their parent or ancestors nor put on the breaks to stop the wheels of Time;—

The 2nd class of predisposing causes includes whatever tends to produce general plethora, especially a preternatural

determination of blood to the brain, or a weakness of its vessels, or irritation of the brain itself, such as the presence of stimulating drinks and a full nourishing diet with inactivity of body. Together with these causes above mentioned I would note immoderate venereal indulgence particularly in old people. Suppression of habitual discharges such as hemorrhoidal or the menses, have a tendency to produce apoplexy. Any occupation which it is necessary to for the person to stoop and have his head in a depending position.

Organic disease of the heart. Tumours of the neck pressing on the large vessels which carry blood to the brain and those by which it is returned. Wearing tight corsets or ligatures about the neck any thing which has a tendency to obstruct the flow of blood from the brain thereby causing to great an accumulation of blood which acts as a foreign substance producing compression of the encepha-

The exciting causes are sometimes cold, violent coughing, holding the breath, with violent exertions in voiding the feces —

The Treatment of Apoplexy may be divided into Prophylactic, treatment during during the fit and the after treatment —

First the Prophylactic, Treatment, When a person is predisposed to apoplexy has had one or more of the symptoms above mentioned he should be confined to a simple diet Exercise in the open air, and avoid all stimulating drinks as well as all sudden and violent mental excitement, these are among the most important precautionary measures, in case of impending Apoplexy.

Vegitable diet may be used if the bowels are torpid, if this is not sufficient to relay them a mild Cathartic may be given such as castor oil or small doses of cream tart, If there be hepatic disturbances, the blue pill may be given, three or four grs, with a few grs of,

pulvis antimonialis taken occasionally at night on going to bed;-

Persons predisposed to apoplexy from corporeal corpulency should be carefull not to interfere with habitual discharges such as hemmorhoids and epistaxis unless they are alarming; In fine our object should be to avoid all exciting causes, which are very numerous, therefore it is not necessary for me to enumerate them;-

The treatment during the fit must be governed somewhat by the attending circumstances, The main object to be kept in view is the removal of the irritation or congestion within the head, Should the pulse be full and strong, the face flushed the carotids beating strongly, and the patient robust and plethoric, venesection to the amount of twenty or thirty ounces, may be resorted to and repeated in small quantities if necessary;

the opening in the vein should be large; and and the patient in an upright position; the blood allowed to flow till an impression be made on the pulse, he should be placed in a cool room well ventilated all ligatures removed removed from the neck particularly, so as not to obstruct the blood from the head; cooling applications to the head such as cold water and ice at the same time sinapisms and warm fomentations to the feet and legs, cups may be beneficially applied to the temples and back of the neck at the same time;

But there are instances in which we should abstain from blood letting especially at first, viz when there is a severe shock given to the brain and vital powers, generally resembling strongly concussion strong depletion might here prove very injurious if not fatal, by depressing still more the powers of life, or by producing effusion or increasing it if it has taken place, already. In such cases gentle

stimulants and restoratives may perhaps be resorted to I think however with much care and discretion;—

Active cathartics or drastic purgatives are our most powerful remedies in this affection; The advantage derived from them are to produce a free secretion from the internal surface of the intestines, and consequently to diminish the afflux of blood to the head. The more rapidly they operate the more beneficial they will be;

The beneficial effects of purgatives are these; 1st from their diminishing the action of the heart and arteries; 2nd by promoting absorption, and 3rd by producing a derivation from the head to the abdominal organs;—

There is often great difficulty in giving medicine in Apoplexy, as the power of swallowing is lost; we may commonly succeed by mixing fifteen or twenty grs of calomel with some oily substances and place it upon the root or base of the tongue if the

patient has not entirely lost the power of swallowing. This will generally succeed; we may add to this if necessary two or three grs. of Gamboge, or a drop of croton oil if the case is exceedingly obstinate. If this should not act in the course of three or four hours, perhaps it would be well to repeat the dose, we might give at the same time cathartic enemata, Castor oil with Turpentine forms an excelent purgative in this disease For an enema a solution of aloes in warm water, proportion thirty or fourty grs to the pint.

After the bowels have been freely evacuated the abdominal secretions and excretions should be kept up; For this purpose calomel may be given in small and frequent doses, and where the vascular excitement is great accompanying the attack it might be well to combine some antimonials with the calomel such as Tartar emetic or perhaps that preparation called Kermes powder;—

emetics were formerly prescribed in this disease by many of the older Physicians and highly recommended by some unquestionably as a general rule Emetics ought be regarded as hazardous remedies in the treatment of Apoplexy. For it is a well established fact that emetics have a strong tendency to promote a determination to the head, than which a more dangerous tendency can hardly be conceived;

However they are sometimes beneficially given; for instance, when the attack is brought on by excessive eating under these circumstances. I think the Physician would be justified in giving emetics Before however, the emetic is given blood should be drawn; this by some is considered an invariable rule;

Blistering is another remedy that is sometimes resorted to in Apoplexy. When the pulse is weak and small quick; this state of pulse seldom occurs, only in the aged and enfeebled persons;

They should be applied primarily to the wrists and ankles, and not to the head and neck. Perhaps it may be advisable sometimes to apply them between the shoulders, this is most often required I believe;—

Cold applied to the spine, especially if the shaven scalp may be considered as one of the prominent remedies in this disease; I think it may be applied universally, and at the very commencement, the feet may at the same time be placed in a warm bath,

As soon as we are called to a patient lying in a fit of Apoplexy, he should be placed in a well ventilated and large apartment, with his head and shoulders elevated, and all ligatures especially from the neck should be immediately removed

The state of the bladder should early be attended to, that it may be evacuated if necessary, we should not trust to the attendants but examine for ourselves, but to prevent an accumulation of urine should take place which might prove injurious to the patient

disease or to the organ hereafter;

After a person has recovered either wholly or in part from an Apoplectic attack, the question would suggest to us in what manner can we prevent a recurrence of the disease;—

The Treatment will be similar to that which is employed when the primary attack is anticipated viz avoid all exciting causes either of body or mind, the diet simple and unirritating, avoid all vinous drinks and every thing which would cause to great a determination of blood to the head, The secretions and excretions should receive due attention together with such means as will prevent general plethora and a determination of blood to the head

Written by G. W. Birch.

they should be applied generally

Lactation.

Although the name of independant life has been given to the existence of the new-born infant, yet in a physiological point of view, there remain ties which intermingle still its life with that of its mother. The new being must for sometimes again find the materials of its nutrition in the maternal organism, and when ends the intra-uterine life, nature has already prepared another organ, the function of which is to elaborate a fluid adapted to the nourishment of the infant. This function is termed "lactation".

At the time of childbirth then every thing is marvellously disposed to render the mother able to nurse her child. Her milk is certainly the food the best suited to the infant, it is the only one nature has provided for it.

Thus; whenever the woman enjoys good health, that no serious disease has diminished her strenght, and there is no fear of deleterious hereditary influence, She must, by all means, answer to the call of nature. A mother does not,

with impunity, give up her rights of nursing; in so doing, she has no regard for the sentiments of her heart, nor the interests of her health or that of her child. She is often the first one punished for the crime which she commits against the new born infant, whom she repels from her bosom, to be given as a victim to all the dangers too commonly attendant upon a hireling nurse. Often have weak and delicate women, grown vigourous and healthy in nursing their child, and how many fine children have, through the tainted lactation of a wet nurse, acquired the seeds of dormant diseases, which manifest themselves in their after life. We are not to be so exacting regarding mothers, as we should in the case of a wet nurse, as to the strength of the constitution, the qualities of the milk and the development of the mammary glands; for, if the right of nursing their infant was to be granted only to those of superior strength and health, how few women of the world, should be deemed fit for the duties of maternity.

There are however physical malformations

which may render the performance of lactation impossible to the mother. Such is the total absence of the nipples, or again their imperfect perforation. In many other cases, the physician is often called upon to decide whether a pregnant woman will or not be able to nurse her future infant. This oftentimes is a very difficult question to solve. Bearing in mind however, the physical conformation, the state of the constitution, the different modifications to which the mammæ have already been subjected, and also the quantity and quality of the sero-lacteal fluid, he may, in a degree, be enabled to give a more or less certain prognosis. For this however no rules can be established, as nature when called upon at the time of need, will often correct to an astonishing degree these very functions which had remained so long impaired by her seeming oblivion. Neither must the physician remain passive, and wait always after the birth of the child, to try to obviate to those imperfections, which make then lactation an impossible thing; while, if they had been taken in time, might have been easily corrected.

Shortness of the nipple is an example. It may be only relative; that is, the nipple may be comparatively not of a sufficient lenght to be seized readily by the new born child, while an older one could draw the breast without difficulty.

Of all the means used to draw out the nipples, such as repeated titillation of their apices; the application of breast-plates, made of wood or ivory, in which there is an excavation for the insertion of the nipple; which is gradually propped into it by continued wearing, and thus made to elongate; or again the use of the breast-pump; of all these, direct and often repeated Suction is to be preferred. This may be performed by an intelligent nurse or other person; and even, if there was no one obliging enough to do it, by a new born puppy of large kind, taking care to have its jaws garded from scratching.
This direct Suction is the best, being the most natural, for the groove formed by the tongue against the palate will steady the nipple in all its length much better than the breast-pump, and being moistened by the Saliva, it will be rendered more supple and

elongate more easily.

As to the extreme tenderness of the nipples, noticed in some women, especially in primipara; it also requires some preliminary means to prevent it by hardening them. Tender nipples are generally prevented by the continued use of astringent lotions, or of spirit diluted in water during several months at the end of pregnancy.

By the above means, nursing may be rendered possible and even easy, where without them it would have been perhaps impossible, or at any rate exceedingly painfull and tedious to the mother in the beginning.

Let us suppose now that every thing is as it should be, and that the mother is going to nurse her child. Lactation may be here divided into three periods; viz: The first one, which ends at the expiration of the milk fever; the second, after the sixth month; and the third, with weaning.

"The first period" is of very short duration; being, as it were, a transitory stage, between

intra uterine nutrition, during which the infant found in the organism of the mother the nutritive elements already elaborated, and lactation proper during which the child does, it is true, receive still from its mother a special food, but which is elaborated by its own and independent digestive system, before assimilation.

The phenomena of this revival are indeed preparatory on both sides: on the one hand, the milk of the mother looses little by little the caracteristics of the colostrum, to be changed in a more nutritive liquid; on the other, the child getting accustomed to the new function, becomes more and more skillfull in it, and finds in the liquid furnished to him by its mother the purgative elements which relieve its intestinal canal, and thus prepare it for the digestion of a more substantial food.

At the time of childbirth or about, the colostrum secreted by the mammæ is abundant enough for the wants of the child. It could then, if necessary, be immediatly put to the breast;

but the mother, whose strenght is exhausted by the pains and efforts of labour, is often in so much want of repose and sleep, that it would be unnecessary and even cruel to force her to nurse her child directly after birth. Still, the sooner the child is put to the breast, without too much strain on the strenght of the mother, the better; for not only it receives in time a fluid of which the nutritive qualities are perfectly adapted to its intestinal canal, and of which the laxative properties dispense from having recourse to purges, which are generally necessary for the expulsion of the meconium in infants which are fed artificially; but again, the suction made by the child facilitates the secretion of milk, prevents the immoderate swelling of the breasts, the pains which are a consequence of it, and teaches the child to seize by degrees the nipple, which would be much more difficult should the breast be distended when he first tries.

During the first few days, it will be necessary to place the nipple in the mouth of the

child, for it acts only instinctively and blindly on any thing that touches its lips. Care must be taken that the breast does not close the orifice of the nostrils of the child, for not being able to breathe, he will let go the nipple, as is the way of the child has even taken place in such cases.

Some children seem not to be willing to nurse, through congenital weakness or a sort of lazyness. The mother of such a one must be directed after putting the nipple deep into its mouth, to give such motions to the breast as to tickle its tongue and thus excite that organ to act. She may also press slightly the nipple, that a few drops of milk may flow, or again squeeze from a sponge on the base of it a little ~~sweetened~~ water which penetrating in its mouth will induce the child to swallow.

Owing to the weakness of the new born infant, its first efforts at lactation are attended with much discouragement and fatigue. During the first days, it gives only a few sucking motions at a time, then rests to begin again. Sometimes

after a few efforts, it will fall asleep and will have to be awakened to resume its meal. Some children may thus remain half an hour, and more, at the breast. This may become very fatiguing and tedious to the mother. The generality of French women sit in bed when wishing to give suck, which is without doubt exceedingly tiresome when obliged to remain long in that situation. The American mother avoids this useless fatigue by laying on her side, with the infant against her chest, allowing the nipple to fall naturally in its way.

During the first days, it should be proper to observe whether the child nurses really and swallows the milk. This may be determined by placing the finger over the larynx and the motions which that organ performs during deglutition will be felt if it swallows, and also there may be heard a sort of gurgling sound caused by the liquid passing from the mouth into the œsophagus.

When the child nurses from the first day, the febrile symtoms of the milk fever are seldom

very violent, and by the repeated suckings of the child the breasts do not generally become distended and painfull. At that time however, the quantity of milk in some women is so great, that the glands appear extremely distended and lactation becomes, for the time, more difficult to the infant, and more painfull to the mother. Indeed in some, the swelling extends to the axilla, the nipples being sunk and lost in the tumefied parts, far out of the reach of the lips of the child. For such cases, direct suction, or the use of the breast pump is called for to relieve the patient of a part of her milk and at the same time develop the nipples. By diminishing the quantity of the fluid, immediate relief generally follows, the tumefaction disappears, the nipples regain their natural length, and the child nurses with more benefit to himself and less suffering to the mother.

For sometimes, the child taking very little food at a time, it is necessary to put it often to the breast. It is already proper however that there should be some regularity in the time of-

of its meals. A child is always more or less injured by an irregular alimentation, by which there will be sometimes toomuch interval between its meals, while at others its stomach will be overloaded by a new quantity of milk before it had time to digest the one just taken. As to the quantity of milk the child should be allowed to take at each time, it ought to be the best judge itself, except in very peculiar circumstances; what would be plenty for some children may be too little for others. The stomach of children besides having the property of emptying itself of any excess, there is not much harm done in allowing them to take a little more than is absolutely necessary.

"The second Period" begins after the milk fever, when the breasts have acquired their perfect and active function, in reality it is then that true lactation begins.

Although we do not generally find during this period the same difficulties as in the first one, there are still some remarks worthy of notice to be made here.

The first care to be taken before nursing the child, is to know whether it is really in want of food or not, for never must the breast be given to it for the sole purpose of stopping its cries, as too often do most young mothers. Crying is not always a sign that a child is hungry or in pains. There are some, who cry without any apparent cause, and in spite of their continual agitation and sleepless nights they do not look the worse for it. In order to know by the crying of a child whether it wants nursing, there must be present some other external signs and also attention paid to the time when it nursed last. When the child cries from hunger, it tosses up its arms, turns its head on one side and the other, opens its mouth as if seeking the breast, and sucks greedily on the end of the finger or any other supple and rounded body that should come in contact with its lips.

When the time has come, the mother holding the child in her arms, resting its head on one of them, places the nipple in its mouth, pressing slightly

on the areola with her fingers in order to squeeze out a little milk, and let it know in that way that it may nurse profitably. These precautions are required only for the first few weeks, as the child soon learns how to act for itself and sometimes seizes the nipple with so much vivacity as to make it very painfull to the mother. In some cases indeed, far from exciting it, it becomes necessary to check its ardor by withdrawing the breast from it now and then as must be the case when it has not nursed for a long period and that it is swallowing too fast and too greedily.

As much as possible the mother must alternate her breasts in giving suck; in that way they are equally emptyed, and there is a longer time of repose given to each nipple. It often happens that a child seems to have a marked preference for one breast and is reluctant to nurse on the other side. The disdained breast must always in such cases, be persistently offered to it, whenever the time has come for it to be

nursed from. This is still more easily accomplished, if at each meal the mother should nurse her infant from the two breasts; beginning always, while it is most hungry, by the one it likes the last. Hunger will induce it to suck, and after a little hesitation, it will nurse well from the side, which it should have refused if it had been offered to it last.

In "the third Period" it is intended to withdraw the child little by little from its maternal food; to teach it to feed on all sorts of aliments, and in a word to give it an independent existence. The question then is to know: when it is proper to begin adding other food to the milk of the mother, and — when lactation should cease entirely.

In France, the country nurses are in the habit of feeding children, when only eight days old, on pap made of fine wheat flour and cow's milk; they do so in the belief that this aliment prevents those colics to which new born infants are so subject. It is certain

however that the paps and soups given to infants, in some countries, almost immediatly after birth, besides the milk of the mother or nurse, are, to say the least, useless if not often dangerous. The child who partakes only of its mother's milk, provided it is rich and plentifull and given at regular intervals, does not suffer often from colics and wind in the stomach, as it is called.

As much as possible, if the mother is a good nurse and bears well the fatigues of lactation, her breast must be enough for her child during the first six months. After this time, some light food may be gradually added to the milk of the mother; the farinent substances are to be preferred, such as wheat flour, arrow-root &c. Baked wheat flour ___ cooked with milk is one of the best preparations, as it contains much gluten and is very nourishing. As to the quantity given each time, it should be little at first, and gradually increased, as the child grows older and diminishing at the

same time its usual allowance of maternal milk. This gradual diminution accustoms the child little by little to be away from the breast, develops its taste for extraneous food, while on the other side it diminishes the secretion of milk and renders weaning much easier for the child and less painfull to the mother.

The natural time for weaning a child seems to be when the first dentition is completed, it is only then that the child possesses all the organs necessary to the mastication and insalivation of its aliments. But this first dentition often is not completed before two years or two years and a half, and it is very seldom that a child has not been entirely deprived of the milk of its mother before that time. In fact, it is probable, that the mother could not bear well such a prolonged lactation, and that her milk should loose its good qualities; besides, there comes an age when children themselves seem to want a more substantial food.

When the child has been accustomed by

by degrees to partake of some other light food, there is no difficulty in weaning it, and this may be generally accomplished without illconsequences as soon as dentition is pretty well advanced. As a general fact, it is not before the child has eight or ten teeth that it should be weaned, consequently not before the twelfth or sixteenth month. It must be borne in mind here, how important the milk of the mother is during the pains of difficult dentition; the child often refusing then to take any other food, while it is almost always willing to nurse, it should become very difficult to feed it if it had been weaned already.

It is useful to know that the teeth are growing by groups. During one of these dental eruptions the child is generally sick: there is fever, cough, diarrhœa; but this over, it gets well with an almost astonishing rapidity, and this succession of sickness and health takes place more or less in every child. It is then evident, that a favorable time for weaning it, should be

chosen directly after one of these dental eruptions, as then there will be a few months of repose during which the child will be in good health and will better bear a change in its diet.

When it is decided to wean the child, it is better to do it all at once, and not allow the child to nurse now and then, because it should cry much. Some of the European writers advise to wean during Spring or Summer; but according to American authors, winter seems to be preferable in this country: Summer being objected to, on account of the remarkable prevalence of cholera infantum, in the United States, at that season of the year.

It would be well perhaps that, while weaning, the child should be committed to the care of another person; if this is not practicable, it will be advisable to disgust it with the breast, by placing on the nipple some substance of disagreable taste or smell, such as Aloes, Mustard or Peruvian bark. These generally succeed, and most children after having tasted or even smelled them once, repel with disgust the breast of their mother, whenever

it is offered to them afterwards.

J. H. Hardcastle

Typhoid Fever

There is great diversity of opinion as to the name of this disease, upon which it is useless for me to dwell,

The names that have been proposed are numerous, but all of them more or less objectionable, and for the present purpose we shall use the term "Typhoid",

Symptoms, Course, &c. The disease may commence abruptly with a chill followed by the usual symptoms of fever, but more commonly with no marked signs, but individuals with a gradual increase, so that its precise time of invasion cannot be fixed;

The patient feels a little uncomfortable, and complains of weariness general uneasiness muscles or some of the limbs, with a slight headache the heat of the skin increased, the face flushed, and the pulse a little accelerated, the tongue slightly coated with a thin

whitish hair, the appetite impaired but not entirely extinguished; and with these symptoms gradually increasing in intensity, but with a tendency to daily remissions for several days before the patient feels himself sufficiently ill to take to his bed; not unfrequently during this period, slight chilliness alternates with febrile symptoms, but when the disease is fully formed, the chilliness if present subsides, and returns no more except at the commencement some incidental inflammation.

There is very frequently during this incubative stage, if not always a looseness of the bowels, amounting often to diarrhea, and when this is not the case the patient is very susceptible to cathartic medicine, and at least a full cathartic, produces more than the ordinary effect.

The disease being now fairly under way, exhibits the ordinary symptoms

of fever, such as frequency of pulse
hot and dry skin, pains in the head
and back, with flushed face. Thirst
loss of appetite, and greatly diminished
muscular strength.

The flush of the face is usually more
of a purplish tint than in other fevers,
with a dull expression of the countenance
and when this is not the case, there
is frequently a dusky hue of the complex-
ion. This may be slight in some cases,
and great in others, so that it could
not fail to attract the attention of
the physician.

Headache in some degree is seldom
absent, and usually the most promi-
nent symptoms of complaint from
the commencement, until delerium
or stupor takes its place with much
restlessness, or want of sleep.

As the disease advances the above
symptoms continue with a gradual increase

for several days, with an occasional hemorrhage from the nostrils, which is a diagnostic symptom.

The pulse increasing in frequency and deminishing in strength, the skin acquires an acrid or pungent heat, the countenance becomes obtuse with an increased duskiness of the complexion, the fur of the tongue thickend, with a tendency to dryness or clamminess and often reden at the tip and borders,

The stomach usualy retentive, is some times irritable, diarrhea if not present before usualy makes its apperance with trancient pains in the abdomen increased by presure, especialy in the right iliac region, a slight degree of tympanitic distention is observed on percussion with a gargeling sound on pressure.

A cough not unfrequently makes its apperance at this stage of the disease,

with the physical signs of bronchitis present, usually at this period the urine is scanty or high-colored and offensive. Such is usually the course of the disease until about the ninth day.

Other symptoms are now super-added of a more grave character. The tongue changes from its moist or clammy state to that of a dry one, the whitish coat changing to a brownish hue, deglutition not unfrequently difficult.

The abdomen becoming more distended and often presenting a convex outline from the ensiform cartilage to the pubes, with a tympanitic sound on percussion

If a careful examination be made small red spots, resembling flea bits will be found, these spots commence upon the abdomen and extending to the chest, frequently, it is known as the rose colored eruption.

which is one of the most characteristic signs of this disease, they disappear under pressure, but return as soon as it is removed. They are never present at the commencement of the disease, and seldom before the second week, and may appear as lat as the third, they may be diagnosed by their first appearing on the abdomen in successive crops, each lasting three or four days, and then gradually fa-ding away, this eruption may not appear in every case but usuly does,

There is often an eruption of small vesicals call sudamina, upon the neck and upper parts of the chest and shoulders they are usuly confined to the above mued parts, but may extende over the whole surface, they are less charact-eristic of this disease than the rose colored eruption, for they occasionally appear in other fevers, as the Mill-iary fever.

If the disease continue a complete typhous condition is developed; in bad cases at this stage of the disease you will find the tongue either dry parched and sore or deeply incrusted with a black or dark brown coating. While dark sordes are collected on the teeth gums and lips. The pulse becomes exceedingly frequent and feeble, denoting severe prostration,

The surface is either universally hot and dry, or hot in some places and cool in others, and exhaling a peculiar unpleasant odor, the patient manifests great prostration lying upon his back, slips down in bed which is a bad sign or symptom,

He picks at the bedclothes or at imaginary objects in the air, mutters half formed delirious sentences, and attempts to leave his bed; or if told to protrude his tongue it is done with difficulty,

Vitality of the skin is so feeble that blistered surfaces often slough, and gangrenous eschares are often produced on the most prominent parts.

We often have hemorrhage from the bowels and nostrils, with involuntary discharges of fecal matter and retention of urine.

If the case is to terminate fatally the pulse grows rapid, and becomes exceedingly frequent and fluttering, and a cold clammy sweat pervades the whole surface, The abdomen greatly distended. The countenance assumes the hippocratic aspect, and death ends the scene,

But when a favorable termination is to take place, the skin becomes cooler the pulse less frequent and fuller. The tongue moist and gradually throws off its morbid coat, beginning at the tip and edges.

The countinance assumes a more natural afferance, the abdomen becomes less distended, the appetite gradually returnes, the delirium or stupor subsides and the patient pays more attention to thing around him

Though in some cases it is different, the tongue instead of legining at the tip and edges, it commences in the middle and feels off in flaks, leaving the surface smooth and red, when this is the case you may expect a protracted convalescence, for it implys some mischif in the system which time alone can repair

If however the tongue during convalescence becomes permanently dry, it may be considered an unfavorable symptom and probably it is a sign of the increase of the intestinal disease

In this disease the period of convalescence is very variable, sometimes being protracted for months, during which time the patient is generally troubled with coliquative sweats a variable appetite the tongue more or less furred &c. Sometimes abscesses make their apperance, more frequently perhaps near the parotid glands than in any other place and boils in various parts of the body.

And the patient often perhaps we may say generally in severe cases looses his hair, only for a short time however as it is soon replaced with a new and luxurient growth

This disease though slow in its progress is generally unbroken by medecines, although they are very useful in guiding it to a right termination, and in many cases so mitigating the symptoms, as to bring about a favorable issue.

when in all probability if left to nature alone would prove fatal.

Such being the case although we may not be able to suddenly stop its course, yet we may so impede its progress and guided it aright, by a careful watching of the symptoms, and administering our remedys, also bring about a favorable termination, and thereby save the life of our patient.

The duration of this disease is exceedingly variable or uncertain, although it is usual quite protracted, seldom terminating fatally during the first week more usually when it does occur it is during the second or third week, and some times as late as the sixth, or even later.

The period of convalescence is ~~equal~~ equally variable, seldom begining before the third week, though it may begin earlier in mild cases.

and may not until the fourth or fifth week, the average duration is from twenty to sixty days, but its precise limits can not be given for it has none.

As to the cause I shall say nothing for but little if any thing is known.

Diagnosis - The most characteristic symptom is its slow and insidious mode of attack, the diarrhoea from the commencement, or soon after, the dull or heavy expression of the countenance, the dusky hue of the face, the tendency to epistaxis, the tympanitic abdomen, the coating of the tongue changing from a moist to dry, the collection of sordes on the gums and teeth, and general diminished sensibility, the rose colored eruptions upon the abdomen in successive crops, and disappearing on pressure but returning on its removal, the sudamina, the stupor or delirium,

the duration of this disease generally ex-
ceeding that of others.

The disease that it is liable to be confounded with are bilious and typhus fevers, it may be detected from the former by it not having the yellow hue of the skin nor a tendency to daily remissions, which is so common to bilious fever, and from the other by its more gradual approach, and too much of the bowels, or their susceptibility to cathartic medicines, which is not present in typhus fever.

Prognosis – Of the prognosis of this disease, from the different statements we would be led to different conclusions it is probably more fatal in hospital than in private practice, in some reports as many as one third of the cases were fatal and in others not more than one out of twenty five, this would not be owing to the different treatments.

but in the severity of the disease in different epidemics, some epidemics being very mild; while others are equally fatal, therefore we are of this disease however mild it may seem to be, can be looked upon as free from danger, for the mildest cases sometimes prove fatal from the perforation of the intestines, consequently the physician should be cautious,

Treatment — It is customary in most fevers to begin with an active cathartic, but in this it must not be done, for there is often diarrhea, if not the bowels are very susceptible to cathartic medicine, and as the disease is one that tends to prostration, one should be very careful how we exhaust the strength of our patient by cathartic medicine,

If not the bowels should be fully evacuated in order to remove any putrefactive matter that may be in them,

the should use those cathartics that are the least irritating, such as the sulphate of magnesia or castor oil, and if there is much irritation of the stomach and bowels we should use the latter, if there should be pains and at the same time diarrhea a few drops of laudanum may be added to the cathartic, afterwards the bowels should be attended to, if the evacuations are spontaneous as is often the case no cathartic will be necessary.

But if on the contrary they should be scanty, means should be used to procure one full evacuation every day or every other day, in such cases the Sidlitz powder, or tras that have before been recommended, should the breath be sour (Epsom salts or magnesia may be prefered, in the latter stages should cathartic be necessary rhubarb and the oil of turpentine will be the best,

Means must now be used to check the febrile symptoms, blood leting is seldom admissable except locally, unless there is great determination to the brain or some other no less important organ, and I doubt the propriety some what in using it at all, for the disease is decidedly one of great debility, generally assuming a certain course, and that a very protracted one, so that the strength of your patient must be carefully preserved, in case of local congestion, cups or leeches may be imployed with benefit.

Refrigerent diaphoretics such as the neutral mixture or effervesing draft may be given through out the disease, when the skin is hot and dry, and the pulse not to feeble. When nervous symptoms appear sweet spirits of nitre may be given, and Dovers powder or some of the other forms of opium if not

contra indicated, by a determination of blood to the brain.

Cold ablutions are very useful when there is a hot dry skin, if the patient is much debilitated a little spirits may be added, and the patient should be a bowed cold drink.

Sudden if severe may be mitigated by cold water or ice in bladders applied to the scalp, and leeche or cups to the temples.

For pains or tenderness in the abdomen with more or less distention local bleeding, warm fomentations or emolient cataplasms, and rubefacients or blisters may be used.

Sometimes great benefit may be had from large polaces sprinkeled with mustard and covering the whole abdomen, and applied for several days.

The diarrhea usually require no treatment

but should it be obstinate an exhau-
-sting to the patient, it should be
checked, by small doses of opium
combined with the acetat of lead,
or some of the vegetable astrin-
-gents, such as kino cateau or the
extract of rhatany, or the tonic acid,
and in mild case this treatment
will be sufficient,

But after about the seventh or
ninth day the condition of things are
different, there is general deficiency
of all the secretions, the tongue and
skin dry the urine scanty, the pulse
looses its fulness and becomes more
frequent, the abdomen tympanitic with
delirium or stupor, and the vitality of
the patient decreasing,

In such a condition mercury might
be used with great benefit, in small
and repeated doses, either alone or in
combination with opium and ipecacuanha

when the skin is dry or the patient restless, until there is an impression made on the system, but care should be used so as not to produce severe ptyalism.

But should the symptoms not yield, the tongue continue dry on the abdomen distended, the oil of turpentine will be the best remedy that can be used, and it will be found equally beneficial in cases of ulcerations of the intestines or when the tongue throws of its coat in flakes beginning at the middle or base, leaving the surface red smooth and shining, is if denuded of its papilla, in such case the oil of turpentine is our best remedy; in doses from five to twenty drops every two hours, until some amelioration of the symptoms is observed.

The debility in the later stages of the disease is such as to require stimulants and tonics.

When the pulse is slow and feeble the skin cool and sordes collected on the gums and teeth, stimulants should be used, but it often happens that the pulse is frequent while at the same time weak, and the skin hot or partialy so at least, in such cases they should be used, but with care, and should they increase the frequency of the pulse the heat of the skin and augment delirium or stupor, they should be omitted, but on the other hand should they mitigate all thes symptoms above alluded to they should be continued, the best stimulents, probably are wine whey and carbonate of amonia, and in severe prostration, the more defusibal stimulants such as pure wine alcohol or brandy.

Opium is of great benefit, both for its stimulant and anodyne effect, and should be used unless when there is nervous irritation unless contraindicated,

Tonics may be combined with the more defensible stimulants, or used a lone when the debility is not great, such as the serpentaria or some of the bark, or the sulphate of Zinid.

An in cases of great debility with a cold dry skin, external applications may be used the in connexion with the internal stimulant, such as brandy oil of turpentine cayenne pepper leafed in brandy, and the spirits of amonia,

Local complications that are incidental to the latter stages require attention, such as delirium or coma, that may be obviated by applying large blisters to the scalp

In case of subsoltus tendinum — want restlessness or quetatation, the anti-pas nodics may be used, the musk assafoetida, camphor, and valerian,

Hemorrhage from the bowels should be attended to.

and arested by the acetat of lead in combination with opium or some of the vegatable astringents though the lead is preferable both for it astringent and sedative effect,

W. F. McForest
Newburg.
Ind

Alimentary Substances,

by

H. Wurster Jones

Of Alimentary Substances.

It may be considered as a general rule, that organized beings adopt, as aliments, substances lower than themselves in the scale of organization; or which, if originally lower, in some measure become so by certain spontaneous changes they undergo. There are, of course, many exceptions to this law; but viewing the whole of animated beings it seems to be a law of nature. Thus plants, and perhaps the very lowest kinds of animals, have the power of assimilating carbonic acid gas: the powers of assimilation of plants and of such animals may also extend to other inorganic compounds of carbon — indeed they seem to derive their chief nourishment from matters of that nature.

Higher in the Zoological scale we find that animals almost invariably prey on those inferior to themselves either in magnitude, organization or in intelligence, till we arrive at man himself. He, as his necessities or his pleasure may dictate - appropriates every nourishing substance - even carbonic acid gas; which his stomach perhaps in common with that of other animals seems able to assimilate. Of course a lion ~~as~~ or ~~even~~ ~~will eat~~ " " " a crab, can feed on the body of man, as well as on that of an ox or of an insect. But no one we presume, will assert that man is the natural prey or food of these animals; & this alone is the immunity for which we contend; since in all nature's operations we are to bear in mind the exception, but the rule; otherwise we shall be constantly liable to error.

By this beautiful arrangement

in the mode of their nutrition, the more perfect animals seem to be relieved of the toil of the primary assimilation of the materials composing their frame; as in their food, the elements are already in the order which is best adapted for their purpose. Hence the assimilating organs do not require that complication, which they would otherwise have needed, and much complicated machinery is thus saved. Striking illustrations of this abridgement of organization are afforded by the differences above mentioned, between the assimilating apparatus of carnivorous & of graminivorous animals. According to the scale which this disparity exhibits, we can form some idea of the complication which would be requisite, if such an animal as man, were, like a plant, destined to feed on carbonic acid gas, or carburetted hydrogen, or any

other simple compound of carbon.

Another great purpose is effected by this order of things, without which, organization, at least, as at present constituted could hardly exist. If organized beings did not prey on each other, their remains would, in time, accumulate in such quantity, as to be nearly incompatible with life, certainly with animal life in the most perfect condition.

But since animals are food for each other, not only is opportunity afforded, for the existence of a greater number of animals, & of a greater variety of them; but the obtrusion of the bodies of those in whom life has become extinct, is entirely prevented. Many other important results are obtained, but it would interfere with our design to enter upon their consideration; there is however one consequence of this system of universal voracity, which more immediately concerns us, since it suggests a natural classifi-

cation

of alimentary substances; we allude to the similarity of composition which exists among the principles or elements constituting the fabric of organized beings.

It can be demonstrated that organized matters, however apparently dissimilar, yet chemically speaking, are often nearly related, & as an example of this relation we may take the composition of the extensive class of substances, denominated the "Saccharine" group, all which, notwithstanding the endless diversity of their appearance, are essentially alike - in that they consist of carbon associated with water.

Saccharine substances are chiefly found in the vegetable kingdom, of which they form the characteristic "staminal principle."

Another well known class of bodies, existing both in vegetables & in animals are those, whose character is oily. "Oleaginous" bodies occur in an infinite variety of forms, some being solid, others fluid; yet in all

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their peculiar properties are so strongly marked, that we seldom hesitate about their nature. On this distinctness of outward appearance, vile bodies are strongly contrasted with the Saccharine group, before mentioned; many of which have few apparent & sensible qualities in common. The composition of all bodies of this oleaginous group, which we have ~~hitherto~~ spoken of, has been found by examination to be essentially the same; they are either composed of elephant gas & water, or have a reference to that composition. Such is also the composition of the well known "proximate principle" termed "spirit of wine" or alcohol, into which, most substances of the Saccharine group, under certain circumstances are readily convertible by the process of fermentation.

When almost any part of the animal body, (with the exception perhaps of those con-

stituents which are purely of an Azotized character) is boiled in water, it is separated into two portions - one soluble in water, & forming with it the substance called Gelatine - the other remaining insoluble, indeed becoming harder the longer it is boiled; and which from the identity of its properties to those of the white of an egg is termed albumen.

These animal principles exist in very different proportions in the different textures; some of these textures, as the skin, being entirely convertible into gelatine; while others yield comparatively little gelatine & consist principally of albumen.

Gelatine does not exist as a fluid in any animal compound; whence it has been supposed to be produced by boiling - but perhaps without sufficient grounds. One of the most remarkable properties of Gelatine, is its ready convertibility into a kind of sugar.

by a process similar to that by which starch may be ~~obtained~~ so converted. Gelatine may be considered as the least perfect kind of albuminous matter existing in animal bodies; intermediate between the saccharine principle of plants, and the highly developed albumen; indeed, as it exists in animals, it might be considered the counterpart of the saccharine element in plants. Albumen exists as a fluid in the blood, and small quantities of fluid albumen are also contained in certain animal secretions; but there is much more of it as a solid - forming what is called coagulated - albumen.

The blood also contains Fibrin - another modification of the albuminous principle in a fluid ~~state~~ or at least in a suspended state; though the most frequent condition of Fibrin, is that of a tough - fibrous mass; in which condition, together with albumen, it forms the basis of the

muscular or fleshy parts of animals.

The curd of milk is also a modification of the albuminous principle. Another is the substance called gluten, which, tho' most abundant in vegetables, so far resembles the fleshy parts of animals, as to be in like manner separable into two portions analogous to gelatine & albumen. Neither of these modifications of albumen have yet been found convertible into sugar. But all of them - including gelatine - differ from the oleaginous & saccharine ~~Grand~~ principles in that they contain a fourth elementary principle, namely azote or Nitrogen.

Such are the three great "staminal principles", as they are called, from which all organized bodies are essentially constituted. These, without changing essential composition are capable of assuming an infinite variety of modified forms; many of which are so peculiar, that it is difficult to recognize

them by their sensible properties.

Moreover, these are, in their forms, capable of readily passing into one another, and of combining with each other; at least the organic agents have the power of effecting these changes. Further, these principles are all susceptible of change into new principles, according to certain laws; thus the saccharine principle is readily convertible into the acid called oxalic; or under other circumstances, into that modification of the oleaginous principle, called alcohol. Though an endless variety, however, of these modifications exist in different organized beings, accompanied by numerous foreign bodies, the proportion which they bear to the Staminal principles themselves, is very limited; and they are either confined to glandular secretions, or are excrementitious; that is to say, they form no part of the living body, tho' they are attached to it; as in the case of the various products of secretion — the shells

of the digestive tribes, and many others.

The consequence, then, to which we have before alluded is; that as all the more perfect organized beings, feed on other organized beings, their food must necessarily consist of one or more of the above three principles.

Hence it not unfrequently, that in the more perfect animals, all the antecedent labor of preparing these compounds to be used is avoided; but that a diet to be equitable must contain more or less of all the three principles. Such, at least, must be the diet of the higher classes of animals, & especially of man. It can not be doubted, that many animals have the power of forming chyle, and if expressly organized for this purpose, may even live for a time, on one of these classes of aliments; but that they can be so nourished, for an unlimited period, is exceedingly improbable.

Now, judging from observation and the results of direct physiological research,

we are led to quite an opposite conclusion; namely that the more perfect animals could not exist, and that a mixture of two at least, of the alimentary principles is necessary to form an aliment well adapted to their use.

This view of the nature of aliments is best illustrated & maintained in the instance of the composition of Milk, which seems to be designed and prepared by nature expressly as food; and it is the only material throughout all organization, which is so prepared.

We should expect therefore to find it a model - a kind of prototype as it were of nutritious materials in general. Now all milk has been found to contain a saccharine principle - an oily principle, and a caseous or curdy principle, an albuminous principle, though these may be combined in different proportions in the different kinds of milk.

(No one can for a moment deny the object for which this valuable fluid

was prepared. No one will maintain that the apparatus for its secretion - arose from the wishes or wants of the animal possessing it, or from any fancied plastic energy. On the contrary the rudiments of such an apparatus must have existed in the body - long before the animal could have felt either wants or desires. In short, it is manifest that the apparatus & its uses, were designed & made what they are by the great Creator of the universe; and on no other supposition can their existence be explained.

The composition of the substances, by which animals are usually nourished, favors the mixture of these primary principles of aliment. Thus, most of the graminiceous & herbaceous matters contain the saccharine & the glutinous principles; while every part of an animal contains at least albumen & oil. Perhaps, therefore it is impossible to name a substance constituting the food of the more perfect animals which is not essentially a compound of at

least two, if not of all the primary principles of aliment. But it is in the artificial food of man, that we see this great principle of mixture most strongly exemplified. We dissatisfied with the spontaneous productions of nature - culls from every source; and by reason & by instinct, forms in every possible manner & under every disguise the same great alimentary compound. This, after all his crowding & his art, is the sole object of his labor - and the nearer his results approach this object, the more nearly do they approach perfection. Even in the utmost refinements of his ~~delicacy~~ luxury, & in his choicest delicacies, the same great principle is attended to; and his sugar & flour, his eggs & butter in all their forms & combinations are nothing more or less, than disguised imitations ~~than~~ of the great alimentary pro-to-type Milk - as furnished him by nature.

H. W. Jones
Jan. 1858

The subject which I have selected from the long list of diseases is hernia of the indirect inguinal variety.

This is one of the most important subjects within the province of Surgery, as the life of the patient often depends upon the scientific, and practical knowledge of his surgical attendant.

It is not my intention to enter into a minute, and detailed description, but merely to notice its most important characteristics, and modes of treatment.

The term hernia usually signifies the protrusion of any viscus from its natural cavity, and when used alone refers solely to the abdominal; but we find an exception to this as we too often do in Practice on medicine, confounding the student and throwing obstacles in the way of his scientific investigations.

We may have a portion of intestine entangled, and constricted in that

lamina of peritonæum which is uplifted
on the intestinal canal exhibiting nearly
all the natural symptoms of that
viscus when protruded through its
parietes, and yet remaining wholly
within its natural cavity.

This form of hernia is situated at the
lower portion of the abdomen, and it is
then that the parietes vary in several
respects.

Upon examination we find the lower
border terminating in a ligament
(called Poupart's), which is formed by
the rounded border of the tendon of
the external oblique muscle, extending
from the anterior superior spinous
process of the ilium to the pubis.
Immediately before it reaches the pubis
it bifurcates one to be inserted into its inser-
tion at the spine, and the other at
the angle. Thus a triangular space
results which is strengthened by

tendinous fibres thrown across it, forming the external abdominal ring.
There is also an internal abdominal ring which is formed by the transversalis fascia. It is situated about half way between the anterior superior process of the ilium and symphysis pubis, and half an inch above Poupart's ligament.
Connecting these rings is the inguinal canal, which is about one and one half of an inch in length, and less than one quarter in width, the direction of which is obliquely downwards towards the medium line of the body.
The floor is formed by the transversalis fascia, and the covering by the tendon of the external oblique muscle.
Its internal orifice is closed by the infundibuliform fascia, and the internal by the intercolumnar fascia.
In the male it gives passage to the testicle in its descent into the scrotum, and

afterwards contains the vas deferens, spermatic vessels, and nerves; in the female it contains only the round ligament.

It is through these as they seem to be deficiencies in the abdominal parietes that this form of hernia escapes.

The organs most liable to hernial protrusion are the small intestines, omentum, and neck of the colon, but all of them have been found protruded partially or entirely, especially in cases of congenital deficiency.

In the majority of cases the hernial sac will be found to contain a portion of the small intestine, with, or without the omentum.

This viscus has a greater freedom of motion than any of the other viscera, and by virtue of this free motion and its specific gravity, together with the pressure exerted on it by the other organs it has a constant tendency to protrusion.

Thus we find it commencing at the internal abdominal ring, perforating the peritoneum and infundibuliform fascia before it, entering the inguinal canal in connection with the Spermatic cord in the male, and round ligament in the female, traveling its whole extent and emerging at the external abdominal ring, when it developes itself by incision in the surrounding tissues, or passes down into the Scrotum or external labia forming the Scrotal hernia in the male and pudendal in the female.

There are but two important blood vessels in this region the epigastric, and circumflexa ilii arteries; both given off from the external iliac just before it passes under Poupart's ligament. The former artery is the most important as given off from

the internal side of the external iliac, passes forwards between the peritoneum and transversalis fascia to enter the sheath of the rectus which it perforates at about its lower third, ascending it supplies that muscle and inosculates with the internal mammary artery.

In its ascent it passes immediately below the abdominal rings and is crossed at its origin by the vas deferens in the male, and round ligament in the female, the latter arises also from the external iliac nearly opposite to the epigastric.

It ascends obliquely along Poupart's ligament and curving around the crest of the ilium between the attachments of the internal oblique and transversalis muscles inosculates with the ilio lumbar and superior lumbar arteries.

The coverings of the femoral tissues vary in number with the different authors on anatomy.

By carefull dissections almost any number may be found, but in the majority of cases they are considered as six.

Commencing externally we have back the common integument; under this is a fascia superficialis which is like the common integument extends over the whole body; after having this reflected we expose the intermuscular fascia which is composed of cellular, and fibrous tissue and attached to the fibres of the external abdominal ring, closing it in the natural state of the parts. Raising this we have presented to us bands of muscular fibres separated from each other and running from the ribs, to the base of the tumor; this is the cremaster-muscle, which is a part of the internal oblique arising from the middle of Poupart's ligament and forming a series of loops upon the Spermatic cord.

Under this is the transversalis or infundibuliform fascia, and peritoneum. The former is a lamina of cellular tissue which clothes the internal abdominal ring. The internal covering or peritoneum is the serous membrane of the abdomen, it is like all serous membranes a closed sac except in the female. It covers the viscera, and is reflected over the parietes of the abdomen. By its smooth surface and secretion it facilitates the movements of the abdominal viscera.

The causes are predisposing, and exciting. Of the predisposing we have weakness of the abdominal parietes which may be produced by various circumstances; there may be congenital malformation or deficiency of the proper structure, weakness depending upon some morbid, or healthy actions, as abscesses, dropsy, injuries causing a disintegration of the tissues, distention from the pregnant

uterus; again some portions are naturally weaker than others as in the situation of the variety about the abdominal rings. Of the exciting causes violent muscular actions depending upon obstructions in the intestinal canal, passing of urinary calculi; and ineffectual attempts to void the urine from disease of the prostate, spasm of the sphincter urinae, strictures, &c. Hernia is also frequently produced by violent bodily exertions, as when lifting heavy weights and the like especially if the tissues are relaxed, or weakened by previous disease. Jumping from considerable heights with the muscles in a state of rigidity upon some firm body is frequently an exciting cause.

Sometimes the intestine follows the testicle in its descent and engages in the canal before the internal ring closes. This is the congenital form.

The symptoms often make their appearance

in the midst of some violent muscular
contraction, the patient feels as if something
had broken or ruptured in the lower portion
of the abdomen, and upon examination
a tumor variable in size presents itself,
which may or may not be returned within
the cavity. If the inflammation attending
the laceration is no greater than usual in
other parts of the body from a similar cause,
and the portion of viscus readily returns the
symptoms will be of a mild character, and
the constitution be but slightly injured;
but on the other hand if the portion of
viscus becomes impacted, and the inflam-
mation is so great that the circulation is
impeded, and afterwards arrested, then we
have all the symptoms of strangulated
hernia, viz, those of prostration, reaction, and
mortification.

In the state of prostration the skin is
cold, flatulence and colicky pains with
sense of tightness across the abdomen,

a great deal of uneasiness about the
Stomach and pain of constriction,
pulse small, wiry, and rapid.
After the intestines are evacuated
below the point of Stricture, (which
occurrence often gives the impression
that there is no Stricture) continual
straining with attempts to defecate,
nausea, pale and distressed counte-
nance. These are followed by reaction.
The skin becomes warm, pulse full,
and hard, face flushed, extreme
restlessness, nausea and vomiting,
first of the contents of the stomach,
then bile and mucous, and afterwards
the contents of the superior portion of
the small intestine. Tenderness on
and about the linea which extends
over the abdomen &c.
After a variable time the constricted
parts begin to mortify, the surface
becomes wet with perspiration, skin

cold and clamy, pulse very rapid small and tremulous. Hippocratic consistenance, vomiting of great quantities of feces, abdomen tumid, tongue dry, teeth crusted, subsultus tendinum, abdomen and tumor not tender but dusky red and emphysematous.
If the tumor is in the scrotum and is shaken the sound is like the one produced by shaking peas in a bladder. Till pain ceases and the patient thinking that he will recover soon dies.
As to the diagnosis of indirect inguinal hernia it may be mistaken for several other morbid conditions situated in or about the inguinal region, as abscesses, encysted or diffused hydrocele, of the cord, fatty or other tumors, the lodgement of the testes in the inguinal canal, and the direct form of inguinal hernia.

It may also be taken for colic, and other diseased conditions of the abdominal viscera.

First it is known, if an abscess should point in the inguinal canal it would be distinguished from a hernial protrusion, by the previous symptoms accompaning the formation of an abscess, and the soft fluctuating feel of the tumor, which though reducible by pressure, and returning on coughing with a distinct impulse, yet does not present the solid character and gurgling sensation of a hernia.

2d From encysted or diffused hydrocele of the cord. In this case you have a well defined tumor on the Spermatic cord, it cannot be reduced into the cavity of the abdomen, and has no gurgling noise. The absence of a distinct impulse on coughing, the impossibility of feeling the cord in a free and

inguinal canal, and its remaining, for a long time of the same size prevents it from being confounded with hernia. Lastly at other times, there are occasionally found on the cord, but their distinct circumscribed form, limited size, and giving no impulse on coughing, with other general symptoms make their diagnosis easy.

The lodgment of the testes in the inguinal canal. This will give rise to a tumor closely resembling a bubonocele, and if it should happen to become inflamed in this situation, the diagnosis from strangulated hernia might be very difficult. But the absence of that organ in its natural position, the sickening pain, absence of gurgling and the undisturbed condition of the intestinal canal, together with other symptoms which have been mentioned will usually prevent a mistake.

The direct form may be mistaken for the direct form if it is of long standing, as the tissues between the rings by the constant pressure exerted on them by the tumor become condensed, and thus are made indirect, but really direct by mechanical causes.

The main point to be considered in this case, is the reduction of the strangulating ring, for if the hernia should become strangulated, and an operation be required care must be taken not to wound it.

When it descends into the scrotum it may be confounded with first hydrocele of the tunica vaginalis. In this case the tumor is oval, or pyriform, usually translucent, unchangeable in size or shape by pressure, the cord clear and distinct above, absence of impulse on coughing, and gurgling in attempts at reduction.

Varicocele. When this is suspected let the patient assume the reclining posture, then place the hand over the abdominal ring, then upon returning to the upright position if it is hernia it cannot return, but if varicocele it will return because the veins are filled by the spermatic arteries. Tumors of the testes may be distinguished by their solid feel and other characteristics symptoms. In hematocele the tumor is solid, opake, pyriform, absence of gurgling irreducibility &c.

Thus in a limited and imperfect manner I have noticed some of the diseased conditions which may be confounded with hernia. Much could be said upon this important topic, but as I deem what I have mentioned as sufficient, I will pass to the Prognosis -

The sac sometimes attains to an enormous size. Nearly all the abdominal organs have been found within it, thus making

it almost as large as the abdomen and extending down to rahd below the penis It may remain continually external or returning and appearing according to the position of the patient through the course of life without any serious symptoms occuring or it may become strangulated as it more usually is at its first appearance terminating the life of the patient in a short time if not relieved by the prompt and efficient action of the Surgeon

The treatment is first that for the reducible. Secondly for the irreducible and thirdly for the strangulated condition, The reducible. In this condition of the hernial tumor all that is indicated is its reduction and afterwards the application of the truss It will generally return upon assuming the recumbent position but if it does not measures must be taken which will

be described when noticing the treat-
-ment for the strangulated condition
After it is within the abdomen the
truss is to be applied to prevent its
return This should be nicely adjusted
to the patient so that the pad may
press directly over the internal abdominal
ring and must be worn continually
day and night This in children and
recent hernia produced by violence
usually produces a radical cure but
in middle and old age a palliative
result only can be expected There is
one exception to the immediate app-
-lication of the truss after the reduction
of the tumor and that is in the infan-
-tile variety when the intestine follows
the testicle and is in immediate contact
before it emerges from the inguinal
canal Almost an endless variety of pads
has been devised and employed but
the main object is to prevent its return.

Irreducible. The palliative treatment is all that can be employed. Sustain the parts with bandages the bag truss is the only one that can be worn as the others might excite inflammation and on account of the adhesions an operation is inadmissible (unless the life of the patient is in danger) both from the improbability of returning it after the sac is opened and from the fact that it would be likely to act as a foreign body in the abdomen if reduced. Keep the patient as comfortable as possible open the bowels with laxatives prevent constipation good habits and right diet should be enjoined and all causes that would tend to excite inflammation should be strenuously avoided. Sometimes when the tumor is small and recent weights placed upon and maintained for some time together with low diet and cathartics will by causing absorption lessen the size and bring about its reduction

for Strangulated. When the tumor becomes strangulated the most active treatment should be employed and, first, the taxis Place the patient in the supine position with the shoulders raised the lower extremities in a perfect state of flexion and the knee of the affected side turned inwards In this position all the muscles are relaxed as far as possible. Then the hand of the surgeon should be introduced between the thighs of the patient, the tumor grasped with one or both hands and by gentle manipulation the contents are to be returned If they do not readily return draw down gently the neck of the Sac pushing back first the contents nearest to the ring and so continue until the intestine is emptied After they are in the cavity of the abdomen then proceed to return the sacus in exactly the same manner that the contents were disposed of No great amount of force should be

employed and the direction should
be in the axis of the inguinal canal
It should not be continued over fifteen
or twenty minutes for fear of inducing
inflammation If these measures fail others
should then be employed as opium, cold
water, ice, venesection, tobacco enema, tartar
emetic, ether, chloroform the warm bath &c
After these have been judicially employed
and no benefit results the operation
should be immediately resorted to; the ear-
lier the better and if it is performed before
inflammation comes on the chance for
success is great But if delayed the life
of the patient may be forfeited. The operation
generally performed consists in opening the
sac dividing the stricture and returning
the intestine. Operation. The patient should
be brought to the edge of the bed the bed-
-es emptied and the part included in
the operation shaved; an incision is then
made of sufficient length commencing

a little above the internal abdominal ring through the common integument afterwards the operation is continued by pinching up portions with the forceps and dividing with a scalpel. then introduce a director in the opening made and divide up and down. proceed in this manner till the sac is reached which may be known by its rounded and tense appearance and the arborescent arrangement of the vessels upon its surface A portion of the sac is then to be pinched up and rubbed between the thumb and finger to ascertain that no portion of the intestine is included, then grasp with the forceps a portion and cut upon the points with a scalpel laid horizontally to the lumen. introduce the director and divide as before

When the sac is opened a greater or less amount of serum will flow out and is a sign that the sac is opened

Now relieve the structure by carrying up a director if the finger cannot be used. In the groove place the hernia knife and then with both instruments in a line parallel to the axis of the body separate them and the fibres of the tendon of the external oblique will be felt to give way, then return the viscus as before described if strangulation has not taken place apply proper dressings and treat the indications as they arise.

I propose to discuss for a few moments the subject of Dysentery.

This disease is equally fortunate with many others in having received various names by various authors, some of them more acceptable to the one in common use so far as etymology is concerned & in leading to no theory inconsistent with its pathology.

However it seems to matter very little what a disease is called as its natuse is understood; in fact it is the remark of an able authority that the more hieroglyphical we can make our terms the better, in so uncertain a science as Medicine.

Dysentery is an inflammation of the mucous lining of the Colon & Rectum attended with griping pains in the abdomen, frequent, small, mucous & bloody stools, with distressing tenesmus, the whole accompanied by more or less febrile ac-

tim,

The disease is sometimes preceded by slight indisposition, languor & loss of appetite, pains in the abdomen & Diarrhea: at others it commences at once with the characteristic pains & discharges.

The tongue is coated the pulse quicker, smaller & harder than natural, is pain & tenderness along the track of the Colon & Rectum, the latter sometimes protrudes & is made excessively tender & painful from the acrimony of the discharges.

The evacuations are very frequent amounting in severe cases to thirty or forty in the twenty-four hours, & consist of mucus mixed with blood in variable proportions, or of a bloody serum- compared by some to the washings of meat- in which may be seen floating clots of blood.

Feces may be discharged, but they are

usually in the form of hardened balls though they bring a temporary relief.

The stools are sometimes horribly fetid & must always in well marked ~~and~~ prolonged cases there is a peculiar depressing odor characteristic of the disease.

The tenesmus is one of the most annoying symptoms of Dysentery as well as the most incessant, so much so, that the patient is hardly ever free from a desire to evacuate the Bowels.

The liver is very frequently at fault & there is diminished secretion of bile, pain & tenderness in the epigastrium, the skin & conjunctival may take on a yellow hue, & is frequent vomiting, which is not usually present in the disease uncomplicated with hepatic disturbance.

The inflammation often reaches the whole length of the Colon — the extent of which may be known by gentle pressure

along the track of the intestine - increasing in proportion to its amount the gravity of the disease.

The bladder & urethra are often rendered irritable from sympathy with the adjacent inflammation.

Frequently in epidemics the disease assumes from the first a typhoid cast marked by foul tongue, sordes about the teeth, low delirium, & at times is fearfully malignant - the system succumbing at once to the volence of the attack.

Terminations — The disease may terminate in recovery, in death, or in Chronic dysentery.

The great proportion of cases with proper remedial means get well, all the symptoms abate in violence, the fever subsides, the pain ceases & the evacuations are less frequent & improved in appearance.

But if the disease proceed & be left

to itself all the symptoms become aggravated, the patient is weakened by the exhausting discharges, the pulse becomes attenuated & almost imperceptible the skin cold & clammy, the features pinched & shrunken & is a ghastly expression of countenance, the powers of life sink & death is the result.

Again the disease may end in Chronic dysentery which not unfrequently proves a most intractable disorder debilitating & rendering miserable the life of the patient & exhausting the skill of the practitioner.

In these cases the symptoms lose their force, the pain is not so severe nor the tenesmus so constant, but the discharges are frequent, the appetite inordinate or vitiated, emaciation follows & these are all the signs of an impaired nutrition

Morbid appearances— Are those of inflammation, the mucous membrane

is reddened & congested, in some cases all the coats of the Colon & Rectum are thickened, indurated & contracted.

Ulceration is not uncommon & sometimes in malignant cases the bowel has passed into the gangrenous form.

The disease may extend itself to the glands of the mesentery which become enlarged & softened.

The liver & spleen sometimes show signs of congestion.

Causes — Dysentery is usually attributed to alternations of heat & cold, it is most prevalent in the beginning of the autumnal months when cool nights succeed to warm days.

Any irritating substances such as unripe or over-ripe fruit may be exciting causes of the disease.

Its favorite haunts are in poor & densely populated districts where there a deficiency of all the requisites of

health, pure air & water, food & clothing of a proper quality & quantity.

But the disease seems most to revel in tropical climate & malarious localities, where there is heat moisture & vegetable decomposition, & here is where it takes its most malignant type.

The older writers recognized in it a specific contagion & that it arose from emanations of the discharges; this idea is repudiated by later authors, especially in sporadic cases, of epidemics all speak doubtfully.

There seems to be some confusion about the term contagion & it is not very difficult to confound it with infection or some epidemic constitution of the atmsphere.

I have met with no writer who contends that contact with the affected patient will produce the disease.

In assuming a contagious principle

at least for the uncomplicated form of the disease, we are deprived of anything like analogy with any of the other local phlegmasiae.

It is easy to conceive that a continued exposure to the putrid & depressing exhalations of dysenteric discharges, along with an epidemic influence in the atmosphere, may so far have a debilitating effect, at to derange the appetite & digestive functions, & thus prepare the system for the reception of the disease upon any exciting cause however trifling.

When the disease breaks out in fleets & armies where men are crowded together in the hold of a ship breathing an impure air, or exposed to the vicissitudes of a soldier's life enduring long marches beneath a burning sun & encamping in the open air at night, it is a fearful malady & spreads with the rapidity & certainty of con-

tagion.

It haunted every step of the American army in Mexico like a shadow, proved fatal to a large proportion who were attacked & clung persistently in a chronic form to many who returned.

Among the predisposing causes may be mentioned a previous attack, for this disease seems to follow the general law of the local inflammations, that it is liable to repeat itself in the same individual, so much so that there are persons who if exposed to the most insignificant exciting cause under favorable conditions for its development contract the disease.

Prognosis — In simple dysentery is most always favorable.

Complications of hepatic of cerebral nature involve a more guarded opinion. Many consider a persistence of the disease beyond twelve or fourteen

days as itself ground for alarm.

In Chronic dysentery prognosis is most always doubtful.

Treatment— Probably there are few diseases that have received such a diversity of treatment as dysentery.

Bleeding general & local, purgatives alteratives, emetics, astringents, diaphoretics & sedatives, have had their advocates & all indeed seem proper in certain forms & stages of the disease.

Bleeding appears to be favorably considered by nearly all the writers I have consulted & some of them think there are few cases that do not demand the free & repeated use of the lancet.

The discrepancy between the books & practitioners on this point is apparent.

Medical men of extensive practice afsure me they have not performed venesection for dysentery in a number of years. The disease being essent-

ially one of debility it is not easy to imagine any benefit to accrue from general bloodletting.

Purgatives of a mild nature are highly useful, especially at the commencement of the disease freeing the alimentary canal of irritating matters & depleting the abdominal vessels & if there be hepatic complications the mercurial cathartics are indicated to exert an alterative influence on the liver.

Many cases of simple dysentery may be arrested by a mild dose of Castor Oil followed by an opiate with subsequent attention to diet & clothing.

Mercurials in alterative doses are called for if there is much fever & derangement of the liver.

In some few cases that have come under my own notice a powder of equal parts of Calomel, Rhubarb & Dover's Powder in doses

of from one to two grains has seemed to act admirably, changing the nature of the evacuations & improving the general condition of the patient.

Opiates are invaluable after the violence of the inflammation is subdued.

One celebrated physician & toxicologist thinks to cure the disease entirely by the use of Opium in large & frequently repeated doses.

Combined with diaphoretics it is without a rival, subduing the pain relieving the tenesmus & tending to the surface.

Ipecac! has been much lauded & one lucky fellow made his fortune by divulging it as a remedy for dysentery. But practitioners are unwilling to allow that it possesses virtues in this disease beyond its diaphoretic action & its power of communicating an anti-peristaltic action to the bowels.

In cases attended with great pros-

tration, stimulants & tonics are called for from the first & some of the alcoholic preparations of Peruvian bark would seem to be useful if the stomach could retain them.

To relieve the tenesmus opiate injections & a combination of laudanum & starch is a popular remedy, thrown into the rectum in small quantities that it may be easily retained.

Enemas of cold water are useful to dilute the acrid discharges & prevent excoriation of the anus.

Astringents are proper when the inflammation has spent its force & a combination of lead & Opium is among the best.

Injections of Acetate of lead have been used with great success combining a sedative with an astringent effect.

Fomentations are tried with benefit; flannel wrung out in hot water with addition of

Tinct of Opium or some of the other narcotics and applied to the abdomen the whole covered with oiled silk will act well to relieve the pain.

The treatment of the Chronic form of the disease involves a host of remedies.

The Materia Medica seems to have been ransacked to find the wherewith to cure the disease.

As a general thing there is little inflammation to combat, but the discharges resist with singular obstinacy the action of remedies.

Astringents & alteratives are most relied on. Copaiva & Turpentine will will sometimes change the condition of the alimentary canal.

The sulphates of Zinc & Copper act admirably sometimes by their tonic as well as astringent effect. Alum, Tannin, Nux Vom. & Nitrate of silver are used, Some of the preparations of Iron as the Sulph. Sol. Sesqui-Nitr & Tinct Muriat are used with benefit. Armed with all these, the practitioner is sometimes despoiled of success in the treatment of Chronic dysentery

Frederick Dibble

Bilious Remittent Fever

Now a few moments consideration I have chosen Bilious Remittent Fever. This disease is one of the endemic fevers of the United States, especially its Southern & Western portions. It shows a partiality for certain districts which abound in marsh miasma, where the intermittent prevails, & it is said that a more intense operation of the same morbific cause required for the production of intermittent fever, engenders the remittent.

It seeks a different locality from either Yellow or Continued fever, the latter preferring a crowded city, while Bilious Remittent is usually a disease of the country.

Though there is no danger of

mistaking the one for the other, is of importance that they should be distinguished; the treatment proper for the one being altogether unsuitable for the other, especially in the primary stages.

Remittent fever has the same origin as the intermittent: the most remarkable is the quotidian; & next to that the double tertian, having a daily paroxysm, but that of one day differing from that of the other, the alternate paroxysms being each other both in time & character.

Symptoms.

For a few days before the commencement of the disease, the patient is affected with a general feeling of uneasiness, fugitive pains about the body,

impaired appetite; the pulse
may be slightly accelerated &
the tongue coated.

Often times the disease is
ushered in at once, without
premonitory symptoms of any kind,
but with chilliness, or distinct
rigors. The patient in the
2d stage experiences nausea,
vomiting, thirst, pain in the
loins & extremities, with a small
& depressed pulse. The duration
of the chill varies from a
few minutes to an hour, & is
seldom so severe or long continued
as in intermittent fever.

If reactive febrile action is
established, the skin is not
parched, the respiration
natural, & the pulse increased
in frequency, strength & fullness
& the tongue is seldom coated

at this period with a thin
fur. There is [illegible] of debility;
the face is flushed; there are
pains in the back & head, with
occasional delirium.

The more or less severe these
symptoms are, the milder or
severer the case.

If proper treatment is not
employed, there is an increased
violence of the exacerbations, &
the powers of life gradually sink.
The skin becomes cool, & covered,
generally or partially, with a
cold clammy sweat; the pulse
becomes small & weak; the
tongue covered with a dark
thick coating, & occasionally
dry & chapped; the respiration
is short, quick & difficult.
The abdomen sometimes swollen &
tympanitic; stupor or coma

to retain either medicine or food. 6
The bowels are usually constipated, & when they are urged to act, the stools are dark colored & offensive. There is sometimes, however, diarrhoea of the bowels from the first, & this, along with the vomiting, is said to make the case simulate an attack of Cholera morbus.

The urine is scanty, & one of the most remarkable symptoms of this disease is a yellowish hue of the ~~eyes~~ skin, & conjunctiva of the eyes. Delirium, though not very frequent, at first, is sometimes seen to set in before the end of the disease; & in bad cases there may be hiccough & subsultus tendinum.

Terminations

It may terminate in death, as I have said before; in ~~death~~ resolution, the most agreable

end: or in continued fever which is always considered ground for anxiety. Sometimes instead of concluding gradually the disease terminates abruptly by a profuse perspiration or critical discharge from the bowels, or it may be followed by intermittent fever.

Prognosis

The prognosis is generally favourable in mild cases the great majority of cases getting well with proper care & treatment. In unacclimated persons the danger is greater [illegible] [illegible].

Among the alarming signs are great frequency of the pulse, low delirium, dark tongue, with hiccough & great prostration of the system.

Morbid Appearances

The morbid appearances are usually inflamation or congestion of some of the Rhylopoietic viscera, particularly the mucous membrane of the stomach & intestinal canal; the liver & spleen are often implicated. & signs of inflamation have not unfrequently been observed in the brain & its membranes.

Causes

The essential cause of this disease is identical with that of intermittents fever.

Remittents sometimes appear to prevail epidemically, involving wide tracts of country, which had previously been strangers to the disease.

Treatment

The treatment in the cold stage, if it be protracted,

the patient should have an emetic if there is evidence of acrid or indigestible [illegible] in the stomach. Diaphoretics, as Infusion of Eupatorium or [illegible]. After reaction, a cathartic is almost always necessary, & calomel is without doubt the most efficient, as it is best retained by the stomach, & has a special tendency to the liver, unloading the portal vessels, & freeing the circulation of biliary ~~secretions~~ matters, with which it may have become loaded; & the bowels, throughout the disease, should be kept free by laxatives, if necessary.
Venesection is of great importance as a remedy, if properly used, & I agree that it should not be resorted to in all cases, for

it may exercise a pernicious
effect in broken down systems,
when the powers of life are feeble,
or the type of the disease asthenic.
Positive [illegible] of inflammation
of any of the viscera, or even
congestion would warrant the
use of the lancet. If the stomach
is irritable, cups or leeches applied
to the epigastrium; & if this does
not [illegible] [illegible], or
rubefacient applications are proper.
After evacuating the [illegible],
[illegible] [illegible] are [illegible] for [illegible] if
the stomach is perfectly [illegible]
Antimony may be given [illegible] solution
[illegible]. The effervescing
draught is pronounced to be the [illegible]
diaphoretic. This can be given in
bilious fever: it is made with citric
acid, or lemon juice & the bicarbonate
of soda, in the proportions of [illegible] grs

of the bicarbonate, to 17 grs of crystallized citric acid with one or two other ingredients.

If there is much nervous ~~disorder~~ disturbance, the addition of a small dose of solution of Morphia would be of value. Tepid ~~ablution~~ sponging of the surface has improved much the circulation, & affusion has been tried.

I believe mercury is considered one of the most powerful remedies, to subdue the disease, on account of its tendency to the liver, & is especially indicated, if the disease is violent from the outset, & it should be given in small & frequently repeated doses. After the disease exhibits a decided remission, the Sulphate of Quinine is an important remedy, & it will sometimes terminate the disease speedily, by its specific

power of overcoming periodic paroxysms. Some give Quinine without regard to the remissions, but I believe it is considered doubtful practice. In fact the disease should be treated antiphlogistically, as long as there are febrile symptoms; being careful not to reduce the patient too much, as the disease itself is a very exhausting one.

During convalescence, the patient should be guarded from the effects of change of temperature, or from incurring any fatigue in any way. His bowels are to be kept regularly open. Great caution is required in regard to diet for if he eats too stimulating food, he ~~says~~ renders himself liable to a relapse. The patient & his friends think, that because there is debility, the [illegible]

way to cure it is to give best
meat & such food, not taking into
consideration the state of the
digestive organs. The food at
first should be light & easy
of digestion, & care should be
taken not to overload the stomach.
His food also should be nicely
prepared. Some of the bitter tonics
are sometimes appropriate, given in
small doses.

There is another remittent
Bilious Remittent, sometimes met
with, in which all the symptoms
here mentioned are increased in
severity; there is great prostration
from the outset, called congestive fever.
We should counteract the symptoms as well
as we are able, & support the
patients strength, & Providence
permitting the patient will get
well; though it is usually a

malarial disease.
It prevails principally in the southern & western portions of the ~~[illegible]~~ United States.

James H. Harriott

with all the symptoms that pertain to fracture, while I do not claim advancing any new aid to diagnosis, I will attempt to arrange and compare some of the symptoms relating to injuries near joints, so that they may, by contrast, render the nature of the injury more evident; — and I will consider

1st. General Symptoms of Fracture
2d. Special Symptoms of Fracture
3d. Best methods of conducting examinations to discover obscure fractures.
4th. Treatment —

The General Symptoms —

Liston, in his "Elements" says,* that "deformity, shortening, loss of power, unnatural motion on extending, or moving the limb, pain, & grating, mark solution of continuity in bone, or fracture." —

And Pirrie says,† "Pain, O[illegible]

*"Elements of Surgery," by Liston — Page 552
† Pirrie's Surgery — Page 195 —

"deformity, preternatural mobility, crepitus,"
"and inability to move the affected part;"
other authorities, and all surgeons from
the evidence of their daily practice,
recognize these morbid appearances, as
the general signs of Fracture; yet they
are not, by any means, always present,
nor can we expect to find them mark-
ing every case; deformity is, we may
say, often not produced in transverse
fractures, as of Humerus or Femur,
the ends of the bone may so dentic-
ulate, as to manifest no deformity,
until the surgeon by severe manip-
ulation shall displace the fragments;
patients have often walked for some
distance with the Tibia & Fibula
broken, and the cases are frequent,
where general symptoms have been
relied on, and being obscure or absent,
the injury has been pronounced
a bruise, and the patient suffered

his life-time from the mistake —
so also in fracture of neck of femur,
Dr. Knight, in a published letter,
mentions a case where he says,
"there was no deformity of any
kind, nor any one sign;" there was
fracture with denticulation in his
opinion, and some days after, the
ends were displaced, and then both
signs were marked — Crepitus is
considered one of the most reliable
signs, yet it may be absent, and so-
metimes that it is regarded just
as it is, there is a crepitus in dis-
location also, with which it may be
readily confounded, and just from its
being regarded as it is, the great desire
to ascertain it often involves too
much handling — necessary to
move the limb characterizes almost
every dislocation — of course excessive
freedom of motion is an unmistakable sign.

these then are the general symptoms of fracture — yet as we have seen, not infallible, as we may have them most, if not all, without fracture, and dependence upon these alone, renders the diagnosis often difficult, or false: we need therefore, more definite symptoms — special signs which can characterize only special injuries, and which, when evident, render the nature of the injury certain — thus the head of the Humerus in the axilla, can result only from dislocation — there may be fracture as a complication, but the fracture does not produce this sign — the rotation of the trochanter major on its own axis, can come only from fracture — and in examining an injury of the hip in an aged person, dislocation may be thrown out as improbable, if not impossible — we come now to our second point, and will con-

lider it in connexion with the third, as we can the better illustrate them, and bring them out more clearly—

2.d Special Signs of Fracture and, best methods of conducting examinations, to discover obscure fractures—

Before entering upon the discussion of this subject, we would speak of the necessity of a critical & thorough knowledge of Anatomy, in the diagnosis of fractures— In choosing the case of an injury to the shoulder joint, how can one ignorant of the anatomy of the parts, recognize the nature of it? he may in a manner—he may have learned all the ordinary signs of fracture, from his text books, but if the case be obscure, with pain, great

dwelling, it is necessary indeed to have in manipulation the "facies medicinæ" one should know just what to look for, & where; and do in every case the Surgeon should have a perfect acquaintance with the ... in state of health, fix firmly in his mind, the size, shape, situation, organization of every part, and its relations to every other: only thus can he be best able to recognize any deviations from a normal state, and to satisfy himself as to their nature —

1st. ... ition is one of the most conclusive special signs — and its importance is proved by the great stress that is laid upon it by writers in their treatises, & by surgeons in the dissections — Immediately upon a dislocation the limb is fixed, and remains so to a limited degree, immovable: it acquires some unnatural position, and retains it; if the

bone be broken near the joint, it also assumes some unnatural position, from the muscles being called upon to act in a constrained manner, or the proper balance is lost, rendering one set useless, and giving to another an excess of power: thus in an extra-capsular fracture of neck of femur, the short strong muscles that have an insertion into the digital fossa, and its vicinity, lose all control over the limb, and there is little eversion, if any: but if the fracture be intra-capsular there is more complete eversion, and less shortening, at first, often none — as a general rule, dislocation produces more deformity than fracture; thus the leg, in a fracture will hang helpless, and straight, yet can be freely moved, while in dislocation, whatever its nature, it is usually fixed in some position, firmly;

dislocation backwards into the Sciatic notch most nearly resembles fracture, yet can be recognized by distinct eversion, and a straight knee marking fracture, while in dislocation you have inversion, the toes resting upon the dorsum of the other foot. Flexion at the knee, and immobility —

as marked signs ordinarily distinguish injuries at the shoulder;

Fracture of the the lower end of the Humerus, may, at first sight be confounded with dislocation backwards, the action of the Triceps, bringing with the fragment, the Radius and Ulna — but the relation of the condyles will be preserved, to the Olecranon; and the form of the joint usually remains unaltered — and if doubt still remain, extension and free motion will readily solve it —

Colles' fracture may, in consequence

of the action of the extensor muscles. be confounded with dislocation, yet although in position the two injuries resemble each other, yet the position of the Styloid process of the Radius is easily made out, which in fracture is easily moved with the hand, while in dislocation it is immovable, being fixed of course as a part of the Radius — thus we see that position is a very important point in the diagnosis of fractures. —

2? Again, the nature of the injury is worthy of attention — if the patient fell, and thus was injured, how did he fall? the manner of falling sometimes will throw light upon the resulting injury; and in many cases we can almost say to a certainty, without seeing the patient, whether the injury produced dislocation, or fracture — thus a man is thrown

from a horse! the manner he strikes almost decides what the resulting injury will be — if he falls upon the point of the shoulder, and you find a severe bruise, great pain on motion, great ecchymosis, even if great swelling obscures the examination, you can almost positively pronounce, fracture. if he falls directly backwards, or forwards, probably, the injury will be the same —

Sykes says,* "It is very rare indeed "to find dislocation produced by falls "backward or forward: both arms "are thrown out, which greatly mod-"ifies the force of the fall" —

if on the contrary, you ascertain he fell upon an outstretching arm, and there is any distortion as to the position of the forearm you may conclude it is dislocation — the force of the fall being thrown upon the hand and arm, would bring the strain

* "Operative Surgery" by Sykes — page 87 —

on the Capsular ligament, and almost necessarily cause its rupture — more commonly direct violence produces fracture rather than luxation, and generally, if the force be received at, or near the joint, fracture results, while dislocation, more often results from forces operating at a distance. —

3rd. Inability to perform certain motions, is regarded as characterising certain injuries — thus if the Coracoid process of the scapula be broken, the biceps & Coraco-brachialis are rendered useless and the motion of the arm forwards & inwards is limited — if there be a luxation of the humerus, carrying the hand to the opposite shoulder, there is inability to bring the elbow down to the side, from the fixed position of the head against the costal — "Dr Dugas says" this is proof positive."*

* Transactions of the [illegible] th [illegible] Association of [illegible] Georgia —

4th. age is observing special attention in the diagnosis of fractures —

At a Clinical Board once Frank Hamilton relate a case thus — he was sent for one day by a surgeon in the country to come out, and reduce a dislocated hip: he asked the patient's age, and on being told, seventy years, went, but left his fullies at home — the case was fracture, and no man could accuse him of recklessness in leaving them: — if an accident occur to a hip, and the patient finds, upon rising, that he cannot stand or walk, one of two things is true, almost certainly, fracture, & dislocation: now if he be a young man, or below the turning point in life, the chances are that it is dislocation: yet in this case we cannot decide so readily from this one sign — we must refer

to the special signs formerly mentioned. position and manner of falling: if the limb be straight, shortened, with excessive motion, we conclude it is fracture: but if on the contrary, the patient be an old person, say seventy years, and the force producing the injury not great, we may say confidently that it has resulted in fracture: very little force is requisite to fracture bones in an old person: the brittleness of the bone, and the altered angle of the neck, with the shaft, favor it, and the cases are of every day occurrence, when by a slide, and so from mere muscular action, or by a fall from a chair, or an erect position upon the hip sideways or in tripping, the neck of the femur is broken — I have seen many such cases, and regard the dislocation of an old person's hip almost impossible — in a somewhat extended search.

have not found the record of a single case: some years ago a relative, an old lady, in stepping down a step, slipped and fell — when seeing her next, the power of resting upon the joint was gone, and it became useless, great pain and swelling accompanied it; a surgeon of united skill and experience was called, and after examination pronounced the injury an obscure one, and denied fracture — she lived some months, and died, worn out; no post-mortem was held — but I never have had the least doubt, from what I know of the case, being present, that it was a fracture, probably within the capsule, and it is not presumptuous to doubt the correctness of his diagnosis, when remembering her great age, perfect uselessness of the limb, and inability to control an excess of motion —

5. The rotation of the fragment
may in discreet mention this, as
a diagnostic sign. I find no mention
of it in any of several authorities I
have consulted, though R. W. Smith*
of Dublin just mentions it in two
lines. We know the length of the
neck in its natural state, hence can
calculate about what would be the
arc of a circle in which it would
rotate: in a dislocation, the neck
remaining the same, the arc de-
scribed would be of ordinary size,
but in fracture, the neck being short-
ened, the fragment of the shaft must
be the radius, and so describe under
the finger the arc of a much smaller
circle. This is a valuable sign, and
one not to be neglected.

I will return to the shoulder
joint a moment and close.
I have remarked the difference in

* "Fractures & dislocations", by R. W. Smith.
Page 9

the signs of fracture of Humerus under the Deltoid Muscle and dislocation— there is an injury still more difficult to recognize & distinguish from luxation: by a fall upon the shoulder, the greater tubercle may be broken off; here we shall find some signs of fracture and some of dislocation; yet here the intelligent surgeon need not long be in doubt: there is the same swelling, a [illegible] nothing like the arm though standing out from the side, can be brought down; many of the motions of the arm are free and easy: the Acromion projects less than in luxation: to distinguish it from fracture of neck of scapula we notice the length of the arm— in fracture the arm is lengthened, but by [illegible] upwards & having it towards the side, it can be returned to its natural length, while in

the other case the arm is not length-
ened— I have seen one or two such
cases. and in truth the situation of the
injury was obscure. manifestly
in such a case. and in many that
daily occur in every department of
our professional observation, we must
reason by exclusion. and so shall
we find obscurity & confusion cleared
away—

These then are some of the
signs. which I call rational signs.
which will often be of essential
service in many accidents which
are obscure, and where we need all
the lights we can possess ourselves
of. to assist in diagnosis & prognosis:—

We are interested with our subject. and
would like to touch upon some
injuries, which space compels us to
omit — for we are only writing a
Thesis. not a thorough monologue on fractures.

As to our Fourth point.

Treatment.

Until by the experience of long practice, we are better enabled to judge of treatment already adopted, we are disposed neither to criticize nor add, though there is room for both. but to adopt the treatment in general, laid down by others. +

From what we have seen and read, we find there is the greatest necessity for the utmost skill and knowledge in the part of the surgeon in the diagnosis of these severe injuries — in some cases death relieves from suffering, in other affections human skill is impotent: but here it is within the province of the skillful man, to restore nature, as far as may be, to her original integrity. For his

ignorance, to intrude mentions of suffer-
ing upon a gift of crystallized reasoning.
[illegible], in regard to another subject,
said, "Dans une démocratie exacte,"
"et précis, la théorie est toujours"
"toujours en défaut, et la pra-"
"tique souvent infidèle"—

W. H. Lawton

Jan., 1850

[illegible]

[illegible] ated to these two entirely distinct set of symptoms namely [illegible]

[illegible]

[illegible] former showing more tendency to the brain and nervous system; while the latter attacks the abdominal organs or the sanguiferous system. But this is unsettled among medical [illegible]

[illegible] disputed question [illegible]

[illegible]

[illegible]

one. The temperature of the body is much changed at times, and, at [illegible]

a chill, and this may continue for some length of time; this state generally followed by heat and [illegible]

distribution, the face being hot & the extremities cold, or vice versa, and there seems to be in some cases regular periods for its attacks or manifestation. The secretions are also very much impaired, the salivary glands [illegible]

[illegible] abundant secretion [illegible]

[illegible]

The urine also is changed. In the [illegible]

[illegible]

and sometimes highly offensive. The teeth are sometimes incrusted with [illegible] substance called "Sordes". The appetite [illegible]

[illegible]

sustained through most cases. Of [illegible] I know but little and can only say that I think the theory a good one. The stools are generally liquid and of a dark brown color and have [illegible]

[illegible]

[illegible] is a prominent symptom and [illegible]

[illegible] I never new of a fatal case of ty[illegible] unattended by diarrhea. The tongue at the commencement is covered with a white fur which gives way [illegible]

[illegible] is a [illegible] coat often peels off and [illegible] or the [illegible]

[illegible]

Phthisis Pulmonalis.

This disease is characterized by emaciation, debility, cough, hactic fever, and purulent expectoration,

The causes which produce this disease generally known as Consumption are very numerous; the followings are the most general hereditary predisposition, particular formation of the body, long neck, prominent shoulders narrow and flat chest, light hair delicate rosy complexion, and also those of a strumous diathesis.

Persons predisposed to Phthisis are those who inherit it at birth from their parents, and it may lie dormant in the system for any length of time until some change takes place in the constitution which may develope the disease, exposure to cold is one of the most frequent exciting causes, alternation of temperature, change of climate sudden

stoppage of the customary evacuations as
the disease for the derangement of the
digestive organs in persons laboring under
chronic diseases for any length of time
will frequently terminate in this disease
where the constitution of the patient
becomes impared; under these circum
stances it is necessary to consider that the
nutritive properties of the blood are entirely
dependent on a proper assimilation of the
food and without which the blood
becomes impoverished and emaciation
of the tissue takes place, then it is easy
to account for the wasting of the bodies
of those persons who are laboring under
this disease, and it is the first thing
that is noticed at the commencement;
consequently the strength and vigor of
the system is broken down
Respiration is no longer carried on
and the balance is lost between
the various functions of the body

As regards the nature of tubercles, there has been much discrepancy of opinion among different authors; but at present tubercles are generally considered to be a morbid deposit sometimes it is gray, but more frequently of a yellowish colour varying in size and of a cheesy consistence from which sooner or later undergoes a process of softening and coalesce with each other forming one or more cavities by which the lungs become solidified.

The natural progress of tubercular exudation is at first deposited in a fluid state from the capillaries in the same way that lymph is deposited under other circumstances, it may take place in any part of the system, but more frequently it is carried into the lungs through the small vessels and deposited in the air cells, this fluid becomes coagulated and constitutes a foreign body which can only be removed

either by absorption or excretion.
Thus the military or infiltrated form whether grayor yellow after a time soften from the ulceration of the surrounding tissues, produced by the presence of these foreign bodies, upon the neighbouring parts, which excite more or less inflammation and then ulceration follows. This is the manner in which all tubercles are first broken down, and the ulceration may be more or less extensive according to the morbid deposits.

"It is found on microscopic examinations that tubercular masses are composed of filaments more or less mixed up with plastic granular corpuscles,,

Tubercular ulcerations may take place in three ways.

1st. By the gradual transformation of exudations from the lungs.

2d. By expectorations and absorption of the exudations and formation of a cicatrix.

of it by the ulcerative walls becoming covered by a smooth membrane remaining open and constituting a chronic cavity. Morbid Anatomy has shown us the manner in which ulceration becomes arrested and also the process of cicatrization of the cavities, but when the ulcerative cavities are distinct from each other having no communication, the possibility of cicatrization will in a great number of cases be the place. and which I have no doubt occurs frequently in many patients; under these circumstances I know of no reason why ulcers in the lungs should not heal as ulcers in other parts of the body, provided those means can be adopted which will check further tuberculous exudations and also to support the strength and nutritive processes of the System; once there is the hope in which tuberculous disease is arrested and cure

the deposit at this time of tuberculous matter will be absorbed and the patient will recover with a tolerable good use of the lungs.

(Symptoms) The symptoms of this disease vary in different cases according to progress and extent of the pulmonary tissue and also the manner in which the disease becomes developed; if preceded by inflammation of the lungs the symptoms will be more violent and run its course much sooner than that which comes on without any previous disease; and if treated by hemoptysis the case will terminate usually in a short time. Sometimes the latter comes on suddenly in individuals in whom there has been no previous suspicion of Phthisis, and in whom on careful examinations, no physical signs of the disease can be detected, and in other cases the sputa may be seen a few

streaked with blood, and sometimes
a more or less degree of bleeding occurs at
the beginning. There is not apt to be
much in the latter stages from the
fact that there is not so much blood
in the system at this time being dimi-
nished by the presence of disease; thus
in ordinary cases the disease is ushered
with a dry cough that at length becomes
habitual; but from which nothing
is spat up for some time except, a little
mucus, yet as the disease advances the
expectoration becomes more purulent.
The breathing is difficult and the patient
is easily put out of breath when attempt-
ing to exercise to any moderate extent.
(Emaciation) This is an early symptom
and is generally the first thing which
attracts the attention of the patient or
his friends by the continual wasting of
the body from the commencement
until the termination of the disease.

this does not depend on the amount of infiltration in the lungs but, more on the state of the system. There is much pain felt in the chest and back between the clavicle and scapula varying in different persons. The pain may be of a neuralgic sort, or there may be some amount of pleuritis which is generally the case.

Loss of appetite prevails to a great extent, being one of the first changes which takes place in the former habits of the patient, yet in some cases it is voracious, but when the appetite is entirely gone with the nutritive processes of the system is no longer sustained, hence in the stage already mentioned, the patient continues a considerable length of time, during which he is more readily affected with slight colds, and upon each of these occasions the cough becomes more troublesome and severe particularly at night

[illegible]

the expectoration is sometimes streaked with blood, the coughing is more difficult as the disease advances.

Hectic fever accompanies the latter stage of the disease when the tubercles commence to soften, acting violently on the constitution of the patient, diminishing the strength and vigour of the body generally when that form of fever which commences with a chill. the pulse is more frequent than in the former stage, the skin is hot and dry. the pain which was felt at first is now much increased [illegible] in different cases. the paroxysm of fever comes on in the evening and during the night the patient perspires freely but the perspiration is out of all proportion to the previous chilliness and heat of the body; it also has a close connection with the sleep of the patient, it seldom comes on while he continues to be awake, but the patient is found in the morning

drenched with perspiration. Such then are the various changes which a person undergoes labouring under this disease.

(Treatment) The indications in the treatment of this disease are as follows,

1st. To moderate inflammatory action,

2d. To support the strength and promote the healing of ulcers in the lungs,

3d. To palliate urgent symptoms.

4th. To prevent further deposit of tuberculous matter and to produce absorption of the tubercles already formed.

In some cases the disease may be arrested in the beginning by judicious treatment paying strict attention to the constitution of the patient and to improve the faulty nutrition which exists in these cases. Animal diet should be freely given in all cases in order to change nutrition and to invigorate the system and I consider this of more importance than any thing else in the treatment of this disease,

1.

Columbo; or some of the preparations of iron, may be used to as great advantage when the stomach will tolerate their use.

The [illegible] narcotics appear to act very well in these cases, and of these are the Conium, and Hyoscyamus, have been more used than any other of this class; they act on the glandular system, particularly, and tend to change its action so as to remove the morbid thickening which exists in these cases.

Hydrocyanic acid may be given when the cough is harassing. Expectorants are generally required to facilitate the expectoration from the lungs, of these are the Senega and Ipecacuanha which may be used according to circumstances.

The syrup of the Balsam of Tolu is also used and the tartar emetic may be used externally to produce a moderate degree of

irritation over the part affected; the Chloride of gold is a valuable remedy as an alterative and a deobstruent, and is used a good deal at the present time in strumous diseases generally.

Diarrhoea occurs frequently in the latter stage from ulceration of the intestinal glands. and to counteract this, the acetate of lead opium combined will frequently prove serviceable to curtail the discharges from the alimentary canal. The same will answer very well for hoemorhage from the lungs. If nausea and vomiting occurs, all those substances which are likely to occasion disturbance of the Stomach should be avoided sometimes there is acidity of the stomach when Calcined magnesia or the carbonat of ammonia may be used to overcome that peculiar state of the Stomach (Counter Irritation) This sometimes retards the progress of the disease very

much in the early stages but when 13
used in the latter it does more harm
than good, and should not be resorted
to except when there is some local irri-
tation which calls for its use

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